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LANGUAGE LABORATORY USE IN THE TRAINING OF COUNSELLORS:
AN EXPLORATORY COMPARATIVE STUDY

by



ANDREW HUM

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled Language Laboratory Use in the Training of Counsellors: An Exploratory Comparative Study submitted by Andrew Hum in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Counselling Psychology.

ABSTRACT

The primary purpose of this study was to determine the efficiency of the use of a language laboratory to teach the counselling skill of reflection of feeling. A 52 minute self-instructional training tape program was developed in which a basic element of empathy, reflection of feeling was modelled.

This self-instructional training tape program containing both video and audio components was developed utilizing Bandura's modeling concepts and the principles of simulation, role-practice and playback. The training tape program was systematically constructed to show (1) a brief uninterrupted counselling session between a counsellor model and a client, (2) ten single interchanges between a counsellor model and a client, (3) fifteen single interchanges between a client and a counsellor model with 20 second pauses interspersed to allow subjects to respond, and (4) fifteen vignettes of counsellee stimulus responses.

The sample consisted of 104 senior education students at the University of Alberta who were randomly assigned to one of five groups containing twenty-one subjects in four groups and twenty in the other. The five groups were: (1) Language Laboratory Audio Group, (2) Language Laboratory Video and Audio Group, (3) Audiotape Recorder Group, (4) Lecture-Discussion Group, and (5) No-Treatment Control Group.

It was hypothesized that the language laboratory audio group would display higher scores than the other groups on the following criterion variables; (1) judges' ratings of subjects' recorded interviews with live clients as rated by the Accurate Empathy Scale, (2) judges' ratings of written responses to the Standard Communication Index as rated by the Scale for the Measurement of Empathic Understanding in Interpersonal Processes, and (3) clients' perception of subjects' empathy on the Relationship Questionnaire.

The results showed firstly, the language laboratory audio group did not display higher levels of empathy than the other groups as measured by the Accurate Empathy Scale. Significant differences were recorded for the audiotape recorder group over the language laboratory audio group, and the control group but not over the language laboratory video and audio group and the lecture-discussion group. Secondly, the language laboratory audio group did not display higher levels of communicated empathy than the other groups, as measured by the Standard Communication Index. All four treatment groups were significantly higher on communicated empathy than the control group. And thirdly, the language laboratory audio group were perceived by clients as being significantly higher on empathy than the control group, but not significantly higher than the language laboratory video and audio group, the audiotape recorder group, and the lecture-discussion group.

It was also shown that the self-instructional training tape program was effective and elicited positive reactions from participants. Further study regarding the validity of the Standard Communication Index is recommended.

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CHAPTER I

INTRODUCTION TO THE STUDY

For many years counsellor educators have utilized a diversity of approaches to train counsellor candidates. Some counsellor training programs in developing a counsellor's competence depend largely upon the therapeutic relationship between the supervisor and the counsellor trainee. Most counsellor training programs however, have relied heavily upon the mastery of academic material as presented through lectures, textbooks, and discussion. Hence, it is assumed by the above approaches that the learning of counselling skills will automatically transfer to the counsellor trainee and how he will behave in an actual counselling situation.

A survey of the literature indicates that this is not a tenable assumption (Krumboltz, 1966; Mazer & Engle, 1968; Thoresen, 1969; Jakubowski-Spector, Dustin, & George, 1971). There is little indication that counsellor programs do follow a planned sequence of courses for producing the necessary counselling behaviors. Moreover, definitions as to how counsellor educators facilitate counsellor trainee performance are unavailable.

One of the most common approaches to teaching counsellor trainees the skills of counselling is to have students listen to audiotape recordings, or to observe "experts" counselling on video or films. To broaden their

knowledge of counselling, students are exposed to a variety of counselling styles. However, models of specific counselling behaviors are not provided for the students, nor is there the immediate opportunity for students to try the modeled behaviors until much later in the practicum or internship.

Since the criterion for learning counselling skills may be stated in terms of behavioral outcomes, there is a need to specify instructional objectives, and to utilize training methods which will get the best results.

As Winborn, Hinds, and Stewart pointed out:

Counsellor educators have not made wide-spread use of the various instructional designs, programs and materials that have been developed by educational technologists The new technology has had a modest impact on counsellor education. Landsman and Lane (1963), Walz and Johnson (1963), Kagan and Krathwohl (1967), Dunlop (1968), Poling (1968), and Ivey, Normington, Miller, Morrill, and Haase (1968), have used some of the new media and techniques. Most of this experimentation, however, has been restricted to the use of video tape recordings in training counsellors and counselling psychologists (1971, p. 133).

Winborn, Hinds, and Stewart (1971) further suggested the need not only to utilize audio and visual tape recordings as teaching aids but to make further use of computer-assisted instruction, programmed learning, simulation techniques, and other instructional media.

The present study is concerned with the feasibility of using other instructional media. More specifically, this study is an attempt to determine the effectiveness of

the language laboratory as a possible teaching aid in counsellor education, especially prior to and during the counselling practicum. A self-instructional training tape program, which was incorporated into the language laboratory, was developed to train counsellors in one specific counselling skill. A complete description of the self-instructional training tape program is given in Chapter Three. The language laboratory with its training program was then compared to traditional teaching aids containing identical training programs.

Importance of the Study

It has long been recognized that in any counsellor education program, the counselling practicum is a very important phase for the counsellor trainee. At this stage the counsellor trainee begins to apply what he has learned in actually counselling clients.

One of the most commonly used teaching devices prior to and during the counselling practicum is the use of audio and visual tape recordings in the presentation of models.

For years the main teaching device employed to train counsellors has been to listen to "expert" counsellors by means of phonograph or audiotape recordings (Rogers, 1942). It was assumed that exposure to expert counsellor models, via one-hour audiotape recordings, would automatically develop within trainees the ability to counsel

clients in a real counselling situation. Bandura in the following statement has suggested that,

... simply exposing persons to distinctive sequences of modeled stimuli does not in itself guarantee that they will attend closely to the cues, that they will necessarily select from the total stimulus complex the most relevant events, or that they will even perceive accurately the cues to which their attention has been directed (1969, p. 136).

Bandura indicated, moreover, that the exposure to lengthy master counselling tapes was a poor training procedure. He pointed out that "under massed exposure conditions where modeling stimuli are presented in lengthy uninterrupted sequences, substantial interference effects are created which not only impair retention, but may result in the development of highly erroneous modeling responses (1969, p. 141)."

Although counsellor educators have frequently used audiotape recordings as a teaching aid, this procedure had its limitations in that visual material was not of course available. The development of videotape recordings in the early sixties provided counsellor educators with the opportunity to present both audio and visual stimuli. Over the past decade a great deal of experimentation with videotape recordings has taken place (Walz & Johnson, 1963; Poling, 1968; Ivey, Normington, Miller, & Haase, 1968). There seems to be an increasing trend to utilizing videotape recordings for training counsellors without determining whether this procedure is significantly superior over

other instructional media.

Many counsellor educators may have assumed that their teaching procedures via audio or video tape recordings are efficient methods to train counsellors. Other instructional media available to counsellor educators have largely been ignored.

Moreover, systematic research on the comparative effectiveness of audio and video tape recordings is sparse. In response to Alger and Hogan's (1969) review on video-tape procedures, Canter (1969) stated that more adequate controlled research should be performed.

Purpose of the Study

The primary aims of this study are to determine the efficiency of the language laboratory and to compare its use with more usual media of instruction.

Language laboratories have been used mainly for the teaching of languages. From a survey of the literature, it appears that counsellor educators have not explored the language laboratory as a possible teaching aid for counsellor trainees. By using a language laboratory, large groups of students could be trained in such counselling skills as reflection of feeling, questioning, and confrontation.

Language laboratories vary in the sophistication of their equipment. There are basically three types of installation. One is the "passive" kind in which the student merely listens. Another is the "audio-active" type in which

the student hears the stimuli and actively responds but cannot record or rehear his own answers. The third is called the "audio-active-compare". In this tape the student hears the master tape (audio), responds (active), and can replay a recording of his own response as well as the master tape (compare) for self-evaluation (Stack, 1966).

This study uses the latter type. Lorge, summarizing four years of research on the teaching of Oral French, reports that the "audio-active-compare," in contrast to the other methods, is more efficient and that "possibly the close attention required to compare model and imitation may have had a favourable effect on comprehension (cited in Stack, 1966, p. 10)."

The language laboratory "audio-active-compare" type may be a powerful teaching aid to train students in certain counselling skills. In a private booth the student is free from distractions, thus enabling him to concentrate fully on the professional counsellor model who is responding to the client.

For the present study, the criterion variable that was selected was reflection of feeling. This basic element of empathy is recognized by therapists (Perez, 1968; Rogers, 1942; Shertzer & Stone, 1968) as an important skill to be learned by counsellor trainees. Other counselling skills such as summarization of feeling, confrontation, and probing responses could equally have been chosen for this study.

In summary, this study is an attempt to explore the possible uses of the language laboratory in the training of counsellors in a particular skill. The language laboratory is compared to traditional teaching aids such as audio and video tape recordings. A self-instructional training tape program is developed and incorporated into the language laboratory.

CHAPTER II

THEORETICAL BACKGROUND AND REVIEW OF THE LITERATURE

This chapter is divided into two main sections. The first section presents the underlying theoretical rationale for the study. The second part of the chapter addresses itself to a review of the literature with emphasis on modeling research, instructional methods, and instructional media.

Theoretical Background

In order to understand better how modeling principles would be effective in the language laboratory, an explanation of modeling theory is necessary. The primary theoretical position underlying this study is provided by Albert Bandura (1968, 1969, 1971). His theory of modeling and vicarious processes is particularly important for the present investigation.

Research evidence (Bandura & Walters, 1963; Bandura, 1968, 1969, 1971; Krumboltz & Thoresen, 1969) indicates that learning based on modeling principles can be an effective process for the transmission and controlling of counsellor behavior.

According to Bandura, learning can occur vicariously without direct reinforcement to the observer. Persons can learn by observing others perform. Bandura underscores this in the following statement,

One of the fundamental means by which new modes of behavior are acquired and existing patterns are modified entails modeling and vicarious processes. Indeed, research conducted within the framework of social-learning theory (Bandura, 1965a; Bandura & Walters, 1963) demonstrates that virtually all learning phenomena resulting from direct experiences can occur on a vicarious basis through observation of other persons' behavior and its consequences for them. Thus for example, one can acquire intricate response patterns merely by observing the performances of appropriate models; emotional responses can be conditioned observationally by witnessing the affective reaction of others undergoing painful or pleasurable experiences; ... and finally, the expression of well learned responses can be enhanced and socially regulated through the action of influential models (1969, p. 118).

Learning by vicarious experience has generally been labeled "imitation," but it is also known by such terms as, observational learning, identification, modeling, copying, social facilitation, contagion, and role-playing. Bandura acknowledges that it is possible to draw distinctions between these descriptive terms, but questions the advantages of doing so since the same learning process is involved. He uses the terms imitation, observational learning, and vicarious learning interchangeably to refer to "behavior modification resulting from exposure to modeling stimuli (1968, p. 3)."

Supported by empirical evidence, Bandura criticizes past theories of imitation. The instinctive theory of imitative processes, associative and classical conditioning theories of modeling, and the imitative theories of

instrumental conditioning are subject to modification. Bandura (1969) underscores his criticisms of these theories, because they fail to explain the psychological mechanisms controlling the emergence or acquisition of novel responses during the model-observer interaction. These new responses are learned during the period of exposure to modeling stimuli prior to any reinforcement processes.

What role does reinforcement play in Bandura's theory? He distinguished the differences between response acquisition and performance of matching behavior by the following statement,

The acquisition of matching responses results primarily from stimulus contiguity and associated symbolic processes, whereas the performance of observationally learned responses will depend to a great extent upon the nature of reinforcing consequences to the model or to the observer (Bandura, 1969, p. 128).

He also asserted that learning does occur when the observer does not perform the response, and when neither the observer nor the model receives the reward. The role of reinforcement in observational learning is thus de-emphasized.

To explain how novel responses are acquired covertly through observational learning, Bandura based his explanation on contiguity mediational theory. This involves two representational processes, one of which is imaginal, and the other is verbal. As a result of observational learning, these two representational systems in the form of images or words are coded and memorized, thereby functioning

as mediators.

The formation of images occurs through exposure to modeling stimuli, and is integrated on the basis of stimulus contiguity. On the other hand, verbal coding or labeling of modeling stimuli is integrated into cognitive processes. Because most cognitive processes that regulate behavior are verbal rather than visual, the speed of learning, as well as retention of observed events, is facilitated (Bandura, 1969).

The contiguity mediational theory, according to Bandura (1968, 1969, 1971), does not fully account for observational learning. There are four other interrelated subsystems involved, and these are attention, retention, motor reproduction, and incentive processes.

Attentional Processes

It is important in observational learning that the characteristics of modeling stimuli are discriminated and attended to. Bandura (1969) has inferred that mere exposure of counsellor trainees to model counsellors through audio or video tape demonstrations does not automatically guarantee attentiveness to modeling stimuli. Moreover, from the total responses that the model counsellor directs to the client, counsellor trainees will not necessarily select nor accurately perceive those cues which are relevant. If an observer does not "recognize or differentiate the distinctive features of the model's responses (Bandura, 1969,

p. 136)" he will fail to match the model's behavior. Thus, observational learning will not occur.

One very important variable which would facilitate attention to modeling stimuli is the distinguishing characteristics of a model. By increasing the attentive cues of models, Bandura states that these are reinforcing in themselves. Consequently, expert counsellors are perceived by observers as being highly competent. Such "expert" models are likely to command more attention than models who lack these qualities.

Another variable that would facilitate attention and motivation as well is the selective use of multiple models. By varying the rate, number, distribution, and complexity of modeling stimuli presented to observers, the degree of observational learning could be enhanced.

Retention Processes

How does an observer retain the presentation of modeling stimuli? Since a person observes a model's behavior without performing the responses, reproduction of matching responses is dependent upon retention of the original observational inputs in some symbolic form or memory process. This is essential because of the absence of external modeling cues.

An important variable governing retention, according to Bandura, is "rehearsal operations." This process, sometimes referred to as role-practice, behavioral

enactment, and behavioral rehearsal, greatly intensifies retention of acquired responses. He stated that,

The level of observational learning can therefore, be considerably enhanced through practice or overt rehearsal of modeled response sequences particularly if the rehearsal is interposed after natural segments of a larger modeled pattern (1969, p. 139).

Therefore, Bandura suggested that the presentation of models to observers should be accompanied by actual practice of imitating the model responses. Furthermore, the presentation of smaller segments of modeled behavior, rather than the passive observation of lengthy uninterrupted models, is more likely to enhance greater retention and attentiveness to modeling stimuli. Lengthy exposure to modeling stimuli is likely to interfere with retention.

In addition to the benefits resulting from practice, Bandura believes that symbolic coding processes operating during repeated practice are contributing factors. During exposure to models, as well as in the actual practice of imitating the model's responses, observers tend to code, classify, and reorganize elements into more easily remembered patterns.

Motor Reproduction Processes

The third major subsystem of modeling principles involves the utilization of previously observed behavior in the form of imaginal and verbal symbolic representations.

These representational patterns when reinstated are assumed to function as a guide and provide the basis for self-instruction. New patterns of behavior are created as a result of the integration of these responses. "The process of representational guidance," according to Bandura, "is essentially the same as response learning under conditions where a person behaviorally follows an externally depicted pattern or is directed through a series of instructions to enact novel responses (1969, p. 191)."

Reproduction of modeled behavior can therefore occur in one of two ways. The first is by having external cues, such as instructions directing the performance, and the second is through delayed modeling in which behavioral reproduction is monitored by symbolic representations (Bandura, 1971, p. 659).

The amount of observational learning will depend to a great extent upon the integration of previously learned responses with newly established patterns of behavior.

Inadequate reproduction of a model's behavior will be due to observers lacking the necessary components. To remedy this situation, Bandura suggested utilizing graduated modeling procedures, whereby modeling stimuli are presented in a stepwise fashion to more complex patterns of behavior.

Incentive and Motivational Processes

The fourth variable governing the transformation of observational learning into imitative responses involves reinforcement and motivation.

Incentive variables in the form of models which have high utilitarian value (prestige, expertise, and competency) may control attention and activate retention of modeling cues.

The foregoing discussion has been centered around modeling principles involving the process variables of attention, retention, motor reproduction, and conditions of reinforcement. The degree of observational learning depends to a great extent upon these four interrelated processes.

Vicarious Reinforcement or Contingent Reinforcement to Modeling

Central to Bandura's theory and affecting the two key processes of acquisition and performance, is vicarious reinforcement. In vicarious reinforcement, the behavior of observers is modified as a result of witnessing reinforcing stimuli presented to the model and their consequences (Bandura, 1969). Studies by Kanfer and Marston (1963), and Bruning (1965) have shown that vicarious reinforcement is just as effective as reinforcement applied directly to the observer. Changes exhibited by observers are of the same magnitude.

The primary way vicarious reinforcement works is because of the observer's assumption that, "if I do that, I'll get rewarded (or punished)." Consequently, when observers hear someone else being successful, the likelihood of their imitating the model is greater.

Theoretically, vicarious reinforcement may operate through one of the five psychological variables to produce changes in observers. Imitation may occur by one of the following:

1. The model provides information concerning probable reinforcement contingencies or response consequences to the model. Vicarious reinforcement, therefore, informs observers as to the type of behavior that meets with approval or disapproval. This can have an inhibitory or disinhibitory effect upon observers.

2. The model provides knowledge about the kinds of social settings in which the modeled behavior is most appropriate. Observers may therefore identify a situation in which it is rewarding to exhibit that kind of behavior. Thus, discrimination learning can be enhanced.

3. The model may have important activating or motivational effects on observers as a result of witnessing models being reinforced. Observers expect to be reinforced if they engage in the same type of behavior as models.

4. The model provides information regarding the feeling expressions of models undergoing rewarding or punishing experiences which will in turn evoke emotional

responses in observers.

5. The model's social status will be either enhanced or devalued due to rewarding or punishing consequences. Punishment is likely to lower the model's status, while models receiving praise will increase in prestige (Bandura, 1965b).

Modeling Principles as Related to the Language Laboratory

The preceding discussion was concerned with Bandura's theory of modeling. His modeling concepts, the interrelated processes of attention, retention, motor reproduction, and motivation appear relevant to the language laboratory.

One of the primary functions of the language laboratory is the communication of hearing and speaking skills to students learning a new language. By the same token, learning a complex interviewing skill like reflection of feeling entails much concentrated listening to models. A self-instructional training tape program that is based on Bandura's theory of modeling could be used in the language laboratory to train subjects in certain counselling skills.

In a self-instructional training tape program models are presented to subjects so that they can emulate them. As well, subjects are given the opportunity to practice the newly acquired modeling responses. Such practice exercises are systematically interspersed between

modeled segments.

An important modeling component that could be employed in the language laboratory is the attention controlling variables of models. Models possessing the attributes of high competence, and who are purported experts in their field, are likely to command the attention of subjects using the language laboratory. Moreover, to enhance a learner's attention and motivation, the varied presentation of models rather than lengthy uninterrupted models could be presented in the language laboratory via programmed tapes.

Another modeling component that could easily be employed in the language laboratory is the use of behavioral rehearsal operations. By systematically varying the presentation of models and by providing opportunities for subjects to immediately practice their learned responses, retention of those modeled responses could be greatly facilitated.

To assist subjects in the language laboratory, instructions in the form of written materials or a narrator on the programmed tape could be included. Verbal or written instructions represent another modeling component which could increase the acquisition of modeled responses.

In using the language laboratory and programmed materials, the level of observational learning could be greatly enhanced when subjects hear the model, imitate the model, practice the modeled responses and compare the results to the model.

In summary, Bandura's writings provide the theoretical background for this study. It was found that traditional imitative theories of learning do not adequately account for the transmission and acquisition of novel responses. The keynote in Bandura's theory of modeling is the distinguishing difference between acquisition and performance. Four interrelated processes or subsystems, attention, retention, motor reproduction, and incentive play a major role in observational learning. Central to Bandura's writing is the process of vicarious reinforcement and its effect upon observers. Bandura's theory of modeling appears suitable to the learning framework of the language laboratory.

Review of the Literature

This section is concerned with research studies related to the acquisition of counselling skills through modeling, instructional methods, and instructional media.

Modeling Research

There is substantial evidence to indicate that modeling techniques have been used by psychologists, nurses, counsellors, teachers, and others in the helping professions. Much of the earlier research, however, has occurred with children, in the learning of speech (Maccoby, 1959), aggressive behavior (Bandura, Ross & Ross, 1961, 1963), and verbal conditioning (Sechrist, 1961).

Within the past number of years, there has been an increasing number of modeling studies related to counselling (Bandura & Walters, 1963; Bandura, 1965a, 1969; Mowrer, 1961). In the application of modeling theory to vocational and educational counselling, much of the earlier research has come from Krumboltz and his associates.

Several studies using the same experimental design and the same rationale (Krumboltz & Thoresen, 1964; Krumboltz & Schroeder, 1965) employed models to reinforce information-seeking behavior (ISB) amongst high school students. Two main treatments were used in these studies (a) "reinforcement counselling" consisting of a verbal conditioning situation, in which approval of desired verbal responses was reinforced, and (b) "model-reinforcement counselling" in which the same verbal conditioning treatment was administered, but with the addition of a 15-minute audiotaped counselling interview of a model counsellor and a model student. The tape was played at the beginning of the reinforcement-counselling session. This interview consisted of question-asking, ideas on information by the model student, plus reinforcement of these ideas by the model counsellor. The dependent variable was the amount of information-seeking behavior (ISB) obtained from actual interviews with counsellors. These interviews were audio-recorded and analyzed by outside judges. The results were quite similar: both treatments were found to be more effective than no-treatment control groups.

With other variables, such as the degrees of model counsellor attentiveness and prestige, Krumboltz, Varenhorst, and Thoresen (1967) found that exposure to videotaped model interviews produced more information-seeking behavior than controls who participated in the evaluation interview.

Thoresen, Hosford, and Krumboltz (1970) studied levels of academic, social, and athletic success of peer social models. Audiotaped models representing these three levels of success were presented to 189 eleventh grade males in four high schools, and 36 students served as no-treatment controls. It was found that the athletic model success level produced significantly greater differences in information-seeking behavior, than did the use of academic and social model success level.

In the studies of Krumboltz and his associates, modeling procedures in naturalistic surroundings such as the school setting have been employed. Other settings, such as in carefully controlled laboratory situations, have used modeling techniques with equal success. In facilitating the discussion of personally revealing topics, Marlatt, Jacobson, and Morrice (1970) studied the effects of exposing observers to a live problem-discussing model, who received either encouraging, discouraging, or neutral feedback from a third person. An unstructured interview was used as the task setting, in which imitative behavior was measured. Thirty-two male subjects were assigned to one of

three vicarious feedback conditions, or to a control group. It was found that the neutral and encouraging conditions produced significantly more problem statements.

Whalen (1969) in an analogue group setting employed modeling techniques to study self-disclosure. Male college students were assigned to four groups: a film model of interpersonal openness plus detailed instructions; a film model plus minimal instructions; detailed instructions with no film; and minimal instructions only. Whalen found that neither models nor instructions alone were sufficient to increase meaningful self-disclosure. Subjects in the film model plus detailed instructions group talked more openly about themselves, while those in the other three groups were less personal in their discussions.

These studies demonstrated that the employment of modeling techniques in school settings, or in controlled laboratory situations, can be effective. The model presented was either on audiotape, videotape, film, or live. Methodologically Krumboltz and associates used a combination of modeling and direct reinforcement, whereas Marlatt et al. used a mixture of modeling and vicarious reinforcement. Direct reinforcement to the learner is not necessary for learning to occur. Direct and vicarious reinforcement are equally effective, as was shown by studies made by Kanfer and Marston (1963), and Bandura (1965b).

Microtraining Research

There is ample evidence that counsellor educators have been using films, and audio and video tapes in a variety of ways. More specifically, counsellor educators have experimented with different instructional media for the presentation of models and with different approaches to teaching counselling skills.

In a unique approach to training prepracticum counsellor trainees, Ivey, Normington, Miller, and Haase (1968) have experimented with modeling concepts and videotape recordings. Their "microcounselling" technique, a scaled down version of counselling, focuses upon teaching specific counselling skills one at a time. Three studies were undertaken to teach (a) attentiveness (1 hour), (b) accurate reflection of feeling (2 hours), and (c) summarization of feeling (2 hours). The authors found that the levels of interpersonal functioning could be increased over the course of a brief training program.

Hutchcraft (1970), using a variation of the microcounselling paradigm, studied the effects of video modeling which he referred to as "mediated perceptual modeling." He investigated counsellor and supervisor behaviors on four interview variables: frequency of counsellor interruptions; frequency of counsellor zero response; total number of counsellor responses; and total duration of talk time. Four groups participated in his study. The first group viewed a

15-minute videotape of a perceptual counsellor interviewing a client, followed by a 15-minute videotape of a perceptual supervisor reinforcing the counsellor for his interview performance. The second group viewed only the perceptual counsellor tape. The third group viewed the perceptual supervisor only. Group four viewed neither. Hutchcraft found that the presentation of the supervisor model was the most effective for modifying interview behaviors.

Higgins, Ivey, and Uhlemann (1970) used media therapy, a video method to train clients in behavioral skills of interaction. Media therapy, a scaled down version of social interaction, uses the microcounselling model in which individuals talk to one another for five minutes. The skills of direct mutual communication, skills associated with encounter groups, are taught one at a time. Subjects were assigned to three groups (a) full treatment (media therapy) using traditional microteaching, (b) a programmed text and video models with no supervision, and (c) reading materials only. It was found that the amount of direct mutual communication increased by 100 per cent, programmed text and video models increased by 50 per cent, while the reading materials group recorded no change.

Both Hutchcraft's and Higgins, Ivey, and Uhlemann's studies suggest that videotape models of the supervision process could replace the presence of a supervisor in the room with the trainee.

In the teaching of accurate reflection of feeling

Frankel (1970), using the microteaching approach, studied the effects of (a) videotape models, (b) videotape feedback, and (c) instructions only. He found that a combination of videotaped models plus feedback was most effective. As well, he found that showing videotaped models first, followed by self-observation, produced more positive change.

The foregoing studies have used short videotaped modeling to train counsellors within a brief period of time. Audiotaped models utilized within the same context have been found to be equally effective in modifying interview behaviors.

Goldberg (1970) examined the effectiveness of audiotaped models, and instructions in learning the counselling skill of reflection. Her study consisted of four groups (a) models plus instruction, (b) models only, (c) instructions only, and (d) placebo. Goldberg found that the instructions plus modeling proved most effective, followed by modeling only. The instructions group was not significantly higher than controls. Unlike results obtained in the traditional microcounselling framework, the physical presence of a supervisor was unnecessary to effect change.

Elsenrath, Coker, and Martinson (1972) developed an audiotaped microteaching program that was self-instructional in learning counselling skills. Subjects were undergraduate student resident-hall assistants. Treatment one consisted of an interview with a counsellor, exposure to the audiotaped program, counsellor reinforcement

for certain interviewing behaviors, and instructions for conducting a live audiotaped interview. Treatment two was identical to treatment one, with the exception that the live interview was conducted 7 to 10 days after exposure to the audiotaped program. Control subjects did not listen to the audiotaped program, but conducted a live interview. It was found that treatment groups demonstrated fewer interviewer errors, and facilitated greater interviewee verbalization than control subjects.

Simulation Studies

A number of research studies relevant to counselor training have used simulation procedures in conjunction with instructional media.

Strupp (1958) examined the performance of therapists to determine how their approach in a simulated interview varied as a result of experience. Some 235 therapists responded in writing with the response they would make to the statements of a neurotic client in a sound film. It was found that warmer responses and communication increased with experience.

Jenkins, Wallach, and Strupp (1962), in a simulated interview, compared speaking the responses into a microphone with the written technique. They found that subjects preferred the verbal approach, since it was more life-like.

Beard and Standish (1964) assessed the effectiveness

of simulated counselling. They designed a training procedure in which a stimulus-response feedback model was employed along with audio stimuli. The purpose of the experiment was to give trainees a simulated interview experience. Twenty-eight practicum students were assigned to experimental and control groups. The treatment was designed to train counsellors to (1) discriminate between cognitive and affective elements of client verbalizations, and (2) respond in ways that would facilitate further affective verbalizations by the client. Treatment subjects received two hours of individual instruction with the simulated interview, while control subjects spent two hours of role-playing. The authors reported significant differences of gain in performance of the treatment group over controls.

Using the procedures of videotape modeling and role-practice with clients presenting problems, Eisenberg (1969) compared modeling and supervisor reinforcement treatments. In each treatment, simulated conditions were arranged so that counsellor trainees could see and listen to clients talking about their problems to a counsellor. At some point in each treatment, trainees had an opportunity to respond to clients, as if this were an actual counselling situation. Treatment was focused on the training of counsellors in the skill of counsellor tacting response leads (eg. "Tell me what you mean when you say you are unhappy."). Eisenberg developed 40 video frames. Four approaches of treatment were compared: (1) Treatment one

consisted of "modeling-only" (video frames 1-20), in which subjects observed an experienced counsellor interacting with twenty clients; (2) Treatment two consisted of "modeling-reinforcement" (video frames 1-10), in which subjects observed models and were reinforced by the experimenter whenever they gave a counsellor tacting response lead (video frames 11-20); (3) Treatment three was the "reinforcement-only" condition, whereby subjects responded to clients (video frames 1-20), and were reinforced by the experimenter whenever a correct response was emitted; (4) Treatment four was comprised of treatment controls, in which clients responded to clients (video frames 1-20). The dependent variables for all groups were responses made to video frames 21-40, and a live interview with a client one week after treatment. Eisenberg found that modeling had the greatest effect on subjects using counsellor tacting response leads seen on video frames 21-40, but not to clients seen live.

Excluding modeling techniques, Thayer (1970) compared counsellor trainee responses to various videotaped simulation procedures. His videotape was developed along the guidelines of the Missouri Diagnostic Classification Plan, in which twenty-five role-played clients revealed their problems to a counsellor. Assessment of subjects' skill in identifying client problems, according to the Classification Plan, was made through written responses to the videotaped clients. Thayer found little difference

amongst levels of counsellor training in the use of simulation procedures to enhance counsellor trainees' ability to identify client problems, but was effective in discriminating between counsellor trainees' ability to make understanding responses.

The above studies using simulation procedures report effective change in counsellor trainee interview behavior. However, with the exception of Eisenberg's study, most of the studies fail to include measurements based on actual interviews with real clients. How counsellor trainees respond verbally to simulated clients on videotape or in written form, may be totally different from how counsellor trainees behave in real interviews. In spite of these shortcomings, Delaney (1969) has suggested developing prepackaged self-instructional programs in teaching specific counselling skills. He has proposed the following:

1. Simulation is effective as an instructional technique.
2. The use of a television monitor for stimulus presentation is appropriate.
3. Realism is not a primary requirement for transfer of training.
4. Simulation positively affects actual performance.
5. Simulation provides economy of time and reduces long-term expense.
6. The application of simulation techniques to counsellor education has shown to be feasible and effective.
7. The use of prompts or cues is desirable as part of the simulation make-up program (1969, p. 185).

Instructional Media for Presentation of Models

The foregoing research studies provided evidence that counsellor educators have and now are experimenting with different methods of instruction. Counsellor interview behavior could be modified through the methods of Microcounselling, Modeling, and Simulation procedures. Furthermore, in accordance with these instructional approaches, model media in the form of audiotapes, sound films, videotapes, and live modeling demonstrations are being used considerably. Surprisingly, the comparative effects of different types of model media have not been widely investigated in imitation research. Videotape recordings as a model media have gradually come into popular usage, mainly due to its low cost and portability. Consequently, other media of instruction and model media have been pushed into the background, and thus fewer attempts have been made to assess them.

As early as 1962 Mierhenry underscored the need for research to deal with the efficiency gained by using, singly or in combination the various instructional modes of transmitting information through script, audio, or video. The question then was, what kind of impact do instructional media have on the learner?

Criticisms Related to Videotape Recordings

In using videotape recordings with counsellor

trainees, Poling (1968) found using this mode beneficial but limited in value, especially with the first videotape critiques. There was a strong tendency for counsellor trainees in interview behavior to focus upon the client's overt manifestations, rather than on their own effect on the client or on the counselling process. Poling suggested that trainees have more practice reviewing their audiotapes prior to videotape critiques.

Myrick (1969) developed a treatment program that featured a model designed to orient subjects to counseling. A script was written, role-played, and recorded on both video and audio tapes. Featured in the program was a narrator, a counsellor, and an eighth grade client who modeled self-reference statements. The video and audio tape treatments were 14 minutes long. Ninety eighth grade students were assigned to three groups; (1) a videotape model, (2) an audiotape model, and (3) a control group which neither saw nor heard models. Following treatment, all subjects received an initial thirty-minute counselling interview. The verbal response class of first person pronouns was the dependable variable. Myrick found that the presentation of a model prior to counselling does have an effect on verbal behavior. Incidental to the main question, Myrick found that videotape models were not as effective as audiotape models. He has suggested that subjects probably attend to the verbal factor more when listening to an audiotape, than when seeing and hearing videotape models.

There are perhaps too many stimuli to attend to when presented with a video model.

Yenawine and Arbuckle (1971) compared and contrasted the effects of using audiotape and videotape recording techniques on counsellor trainees enrolled in a counselling practicum. Fourteen counsellor trainees were assigned to two groups, one of which ($N=7$) used audiotape recordings, while the other group used videotape recordings. A counsellor log was developed whereby each subject recorded his implicit reactions to audiotape or videotape recordings. Yenawine and Arbuckle found that because of the completeness of videotape recordings, subjects found it more difficult to become emotionally involved with the performance of a peer counsellor. They concluded that student counsellors at the beginning stages of counsellor training identified more easily and completely with counsellor roles recorded on audiotape. However, in contrast to audiotape recordings, the authors suggested that the feedback that subjects receive through videotape recordings is a good starting point for a critical analysis of relationships and interaction.

Ivey (1971) in a review of Goldberg's (1970) and Wawrykow's (1970) studies, suggested that although the merits of the videotape medium have not been resolved, videotaping may be most important in focusing on the non-verbal aspects of communication, while audiotaping may be more important for learning verbal behaviors.

In summarizing the research, there is increasing evidence to conclude that modeling is effective for learning new behaviors. It has been shown that a number of counsellor educators are experimenting with several instructional methods that incorporate the use of models. Most notably, these are microcounselling and simulation procedures. In conjunction with the use of models and instructional methods, model media in the form of videotape or audiotape recordings are most frequently utilized. However, evidence as to the effectiveness of certain types of model media such as audio, video, or other media requires further investigation.

CHAPTER III

HYPOTHESES, EXPERIMENTAL DESIGN, AND METHODOLOGY

The purpose of this study is to determine the efficiency of the language laboratory and to compare its use with other instructional media. The counselling skill selected for training purposes was reflection of feeling or empathy. Three criterion instruments were used to assess the degree of learning. These were: judges' ratings of subjects' audio-recorded interviews with actual clients, as rated by using Truax's Accurate Empathy Scale; judges' ratings of subjects' written responses on Carkhuff's Standard Communication Index; and clients' perception of subjects' empathy as measured by Truax's Relationship Questionnaire. A complete description of each criterion instrument is given on pp. 57, 59, and 62 in this section, as well as in Appendices B, C, and E.

To investigate these objectives, five groups were formed. These five groups were:

1. Language Laboratory - audio self-instructional training program based on modeling, overt role-practice under simulated conditions, and playback (LLA).
2. Language Laboratory - video and audio self-instructional training program based on modeling, overt role-practice under simulated conditions and playback (LLV).
3. Audiotape Recorder - audio self-instructional training program based on modeling, and covert role-practice under simulated conditions (ATR).

4. Lecture and Discussion with live modeling and readings (LDM).

5. No-Treatment Control - subjects are exposed to neither self-instructional training nor to live demonstrations and readings (C).

Definition of Terms

The following are definitions of terms that are used in this study.

Modeling - as defined in this study, is the acquisition of modeled types of responses through listening or observing professional counsellors interacting with clients.

Model medium - a professional or expert counsellor as transmitted via some form (eg. audio) of instructional media.

Simulation - an approximation of a real-life situation.

Overt role-practice under simulated conditions - a situation in which subjects assume the role of a counsellor and respond to clients appearing and speaking on videotape or speaking on audiotape.

Covert role-practice under simulated conditions - a situation in which subjects assume the role of a counsellor and imagine their responses to clients.

Playback - subjects replay their audiotaped responses made to client's problem statements.

Hypotheses

To evaluate the language laboratory with its built-in self-instructional program, and to compare it to other kinds of instructional media, three specific hypotheses were constructed.

Hypothesis I Subjects in the language laboratory audio (LLA) group will display higher levels of empathy than will subjects in the other groups, as measured by the Accurate Empathy Scale.

Hypothesis II Subjects in the language laboratory audio (LLA) group will display higher levels of empathy than will subjects in the other groups, as measured by the Standard Communication Index.

Hypothesis III Subjects in the language laboratory audio (LLA) group will be perceived by their clients as being higher on empathy than will subjects in the other groups, as measured by the Relationship Questionnaire.

Methodology

The Sample

Subjects who participated in this research were male and female senior education students (Total N=104) at The University of Alberta. They were enrolled in two educational psychology courses; Introduction To Guidance, and Theories Of Learning. Since these courses were designed as introductory courses to counselling and learning,

it was assumed the students would lack experience in interviewing or counselling. As part of the course requirements, instructors had informed their classes of the essential participation in a laboratory learning experience. The courses were given during the Spring session of 1972, and subjects participated in this experiment from May 15 to May 19, 1972.

Experimental Design

A Posttest-Only Control Group Design (Campbell & Stanley, 1966, p. 25) was employed to study treatment effects across groups. This "true" experimental design is based on the concept of randomization, in which subjects are randomly assigned to the various treatment conditions.

The experimental design for this study called for five groups. Using a table of random numbers, all subjects were randomly assigned to groups of twenty-one each. These five groups were designated as follows; Language Laboratory Audio Group (LLA), Language Laboratory Video and Audio Group (LLV), Audiotape Recorder Group (ATR), Lecture-Discussion Group (LDM), and Control Group (C). Figure I illustrates the design of the study.

FIGURE 1

EXPERIMENTAL DESIGN OF THE STUDY

R	X1	O
R	X2	O
R	X3	O
R	X4	O
R		O

R Randomization
 X Treatments
 O Observation

Nature of the Self-Instructional Training Tape

The self-instructional program consisting of either audio alone or of both audio and visual components was divided into five sections. These were as follows:

1. Part One demonstrated empathic responses. It consisted of a seven-minute uninterrupted counselling session with a professional counsellor (role-played by a staff member of the Department of Counsellor Education) counselling a client (portrayed by a female drama student).

2. Part Two consisted of ten brief interchanges between a professional counsellor (role-played by a female doctoral student) and a client (portrayed by a drama student). This section of the tape was constructed to

allow five-second pauses between each interchange. An example is provided in the following:

Client: "... and any attempt to shove it or get rid of it would be an amputation as it were of the personality so that"

FIVE-SECOND PAUSE

Counsellor: "You feel that perhaps it is part of you after all."

3. Part Three consisted of fifteen brief interchanges between a professional counsellor (role-played by a male doctoral student) and a client (portrayed by a drama student). This section differed from parts one and two in that role-practice was employed. Twenty-second pauses occurred between the client's statement and the professional counsellor's responses, during which the subject was instructed to respond. An example of this procedure follows:

Client: "Well, that's been my impulse so far. I have a rather irrational optimism about me anyway. I mean I have no reason to feel cheerful, yet I do manage to be pretty cheerful. Even on very bad days, I still have my sense of humor."

Subject's response during 20-second pause in tape.

Counsellor: "You can put up a pretty good front and maintain pretty good spirits."

4. Part Four consisted of fifteen brief client problem statements in which subjects role-practiced their responses. There were twenty-second pauses after each client problem statement to provide sufficient time for the

experimental subject to respond. Part four differed from part three in that the professional counsellor's response was absent. Client actors in this section were different from those in parts one, two, and three. The following is an example of part four:

Client: "I was very restless last night. Matter of fact I kept roaming around from night club to night club all week, and I'd come home late -- say about four or five, and then my parents would want me to get up in the morning -- say "What are you lying around for - is something wrong with you?" - all that sort of thing. So I'm sort of worn out."

Subject's response during 20-second pause in tape.

5. Part Five consisted of playback whereby the subject listened to responses he made to the client problem statements in part four.

At strategic points between the sections, a narrator (a former professional radio announcer, and then Director of television productions of the Audio-Visual Department of the Faculty of Education) described the various sections of the tape, and gave procedural instructions to the experimental subjects.

Once this self-instructional training tape was completed, it was incorporated into the various instructional media and treatments. These consisted of:

- (1) language laboratory containing the audio portion of the self-instructional master training tape (LLA)

- (2) language laboratory containing the audio and video portions of the self-instructional master tape (LLV)
- (3) audiotape recorder (ATR)

Development and Construction of Self-Instructional Training Tape

Following the theoretical writings of Bandura (1969), a self-instructional training tape containing the principles of modeling, simulation, role-practice, and playback was developed. To accentuate motivation and attentiveness to modeling stimuli, Bandura (1969) has suggested exposure to multiple rather than single models. Therefore, in this study three professional counsellors, a male staff member and two doctoral students (male & female) from the University of Alberta, role-played model counsellors. Students from the Drama Department were coached by the experimenter to role-play clients.

Both professional counsellors and drama students followed typescripts of actual counselling interviews, which were derived from commercial audiotape recordings of well-known authorities in the field of counselling. These typescripts were projected onto a screen via overhead projectors. Model counsellors and coached clients followed the typescripts and interacted in such a way as to create a realistic counselling situation. Video and audio taping of the self-instructional training tape took place in the television studio of the Education Building under the direction of the

experimenter (E), and the co-operation of the Audio-Visual Department.

This self-instructional training tape* containing both audio and visual components was developed first and became the master tape. The audio portions of the master tape were used for the relevant treatment modes.

Description of Treatments

Treatment 1. Language Laboratory Audio Group (LLA)

In treatment one, in which only the audio portion of the self-instructional training tape was necessary, the sound portion was dubbed onto a reel-to-reel tape and used in the language laboratory. Treatment one consisted of written instructions in the form of the "Response To Feeling" Manual and the self-instructional training tape program which contained professional models, overt role-practice under simulated conditions, and playback.

Treatment 2. Language Laboratory Video and Audio Group (LLV)

For this treatment group, the self-instructional training tape containing both video and audio components was incorporated into the language laboratory. The language laboratory was especially equipped with a video monitor system. With the exception of the additional video stimuli, the treatment for this group was identical to the language laboratory audio group (LLA).

*Each of the counsellor models in parts 1, 2, and 3 of the training tape was rated levels 7, 7, and 8 respectively by the three trained raters on Truax's Accurate Empathy Scale.

Treatment 3. Audiotape Recorder Group (ATR)

The content of this treatment program differed slightly from (LLA) and (LLV). In the audiotape recorder group (ATR) experimental subjects listened to the self-instructional training tape and covertly role-practiced their responses. Consequently, playback of responses made to client problem statements was absent. In order to equalize the amount of treatment time given to (LLA) and (LLV), an additional ten-minute uninterrupted counselling session between a professional counsellor and client was included. As in (LLA) and (LLV), subjects in this treatment group (ATR) read the "Response To Feeling" Manual.

Treatment 4. Lecture-Discussion Group (LDM)

In the lecture-discussion treatment group, subjects listened to a lecture given by the Director of the Department of Counsellor Education. The lecture was centered around the topic of reflection of feeling responses. This lecture was followed by a discussion. Instructional materials consisting of the skill of paraphrasing, and the "Response To Feeling" Manual were distributed and discussed.

No-Treatment. Control Group (C)

Subjects in this group were exposed to neither the training tape nor the reading materials, but participated in a tour of the counselling services.

A summary of treatment and control groups is presented in Tables one to five.

TABLE 1

Summary of Language Laboratory Audio Group (LLA)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
5 mins.	READING INSTRUCTIONS	Reading of "Response To Feeling" Manual.
2 mins.	ORAL INSTRUCTIONS	Narrator states purpose of experiment and gives overview of self-instructional training tape. Describes various sections.
7 mins.	AUDIO MODEL	Professional male counsellor counselling male client on personal problem. Demonstrates use of reflection of feeling.
1½ mins.	ORAL INSTRUCTIONS	Narrator directs Ss to listen to female professional counsellor and male client, and to note how counsellor uses the word "you."
4 mins.	AUDIO MODEL	Professional female counsellor counsels male client on personal problem. Consists of 10 brief single interchanges with 5-second pauses between each exchange.
1½ mins.	ORAL INSTRUCTIONS	Narrator directs Ss to assume role of counsellor, and to make reflection of feeling responses to client problem statements, and to compare their responses with those of the professional counsellor. Ss responses are audiotaped.
10 mins.	AUDIO MODEL	Professional male counsellor counsels male client on stuttering problem. Consists of 15 brief interchanges between client problem statement and professional counsellor, with 20-second pauses between each exchange to provide Ss with sufficient time to respond.

TABLE 1 - CONTINUED

Summary of Language Laboratory Audio Group (LLA)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
$\frac{1}{2}$ min.	ORAL INSTRUCTIONS	Narrator gives <u>Ss</u> directions to listen to 15 different clients with problem statements and directs <u>Ss</u> to assume role of counsellor. 20-second pauses occur between each client statement to give sufficient time to make reflection of feeling responses. <u>Ss</u> are instructed to audio record responses.
10 mins.	CLIENT PROBLEM STATEMENTS	15 different clients appear and make statements.
$\frac{1}{2}$ min.	ORAL INSTRUCTIONS	<u>Ss</u> are instructed to playback responses made to the 15 client problem statements.
10 mins.	PLAYBACK	<u>Ss</u> listen to their own responses made to client problem statements.
TOTAL: 52 mins.		

TABLE 2

Summary of Language Laboratory Video and Audio Group (LLV)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
5 mins.	READING INSTRUCTIONS	Reading of "Response To Feeling" Manual.
2 mins.	ORAL INSTRUCTIONS	Narrator states purpose of experiment, and gives overview of self-instructional training tape. Describes various sections.
7 mins.	VIDEO MODEL	Professional male counselor counsels male client on personal problem. Demonstrates use of reflection of feeling.
1½ mins.	ORAL INSTRUCTIONS	Narrator directs <u>Ss</u> to view female professional counselor and male client, and to note how counsellor uses the word "you."
4 mins.	VIDEO MODEL	Professional female counselor counsels male client on personal problem. Consists of 10 brief single interchanges with 5-second pauses in between each exchange.
1½ mins.	ORAL INSTRUCTIONS	Narrator directs <u>Ss</u> to assume role of counsellor, to make reflection of feeling responses to client problem statements, and to compare their responses with those of the professional counsellor. <u>Ss</u> responses are audiotaped.
10 mins.	VIDEO MODEL	Professional male counsellor counsels male client on stuttering problem. Consists of 15 brief interchanges between client problem statement and professional counsellor, with 20-second pauses between each exchange to provide <u>Ss</u> with sufficient time to respond.

TABLE 2 - CONTINUED

<u>Summary of Language Laboratory Video and Audio Group (LLV)</u>		
<u>Time</u>	<u>Content</u>	<u>Description</u>
$\frac{1}{2}$ min.	ORAL INSTRUCTIONS	Narrator describes the appearance of 15 different clients making problem statements, to which Ss are to make reflection of feeling responses. Ss are instructed to audio record their responses.
10 mins.	CLIENTS	Clients appear and make problem statements. 20-second pauses occur after each client's appearance to provide sufficient time for Ss to respond.
$\frac{1}{2}$ min.	ORAL INSTRUCTIONS	Ss are instructed to play back responses made to the 15 client problem statements.
10 mins.	PLAYBACK	Ss listen to their own responses made to client problem statements.
TOTAL: 52 mins.		

TABLE 3

Summary of Audiotape Recorder Group (ATR)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
5 mins.	READING INSTRUCTIONS	Reading of "Response To Feeling" Manual.
2 mins.	ORAL INSTRUCTIONS	Narrator states purpose of experiment, and gives overview of self-instructional training tape. Describes various sections.
10 mins.	AUDIO MODEL	Professional male counsellor counsels client on vocational and personal problems. Demonstrates use of reflection of feeling.
1½ mins.	ORAL INSTRUCTIONS	Narrator gives instructions to listen to professional male counsellor counsel male client, and to note how counsellor uses the word "you."
7 mins.	AUDIO MODEL	Professional male counsellor counsels male client on personal problem.
1½ mins.	ORAL INSTRUCTIONS	Narrator directs <u>Ss</u> to listen to professional female counsellor and a male client.
4 mins.	AUDIO MODEL	Professional female counsellor counsels male client on personal problem. 10 single brief interchanges occur with 5-second pauses between each exchange.
¼ min.	ORAL INSTRUCTIONS	Narrator directs <u>Ss</u> to assume, or imagine self in the role of a counsellor, and directs <u>Ss</u> to silently make reflection of feeling responses to client problem statements, and to compare those responses with that of the professional counsellor.

TABLE 3 - CONTINUED

Summary of Audiotape Recorder Group (ATR)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
10 mins.	AUDIO MODEL	Professional male counsellor counsels male client on stuttering problem, 15 brief interchanges occur between the client and counsellor with 20-second pauses between each interchange to provide <u>Ss</u> sufficient time to respond.
$\frac{1}{2}$ min.	ORAL INSTRUCTIONS	Narrator describes listening to 15 different clients making problem statements. <u>Ss</u> are to assume, or imagine themselves in the role of counsellor, and to silently make reflection of feeling response.
10 mins.	CLIENTS	<u>Ss</u> listen to clients making problem statements. 20-second pauses occur between each client to provide sufficient time for <u>Ss</u> to respond.
TOTAL: 52 mins.		

TABLE 4

Summary of Lecture-Discussion Group (LDM)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
5 mins.	READING MATERIALS	Paraphrasing.
10 mins.	LIVE MODEL	Lecture and demonstration of paraphrasing skill by role-playing.
11 mins.	DISCUSSION	Lecture and discussion on uses of paraphrasing.
5 mins.	READING MATERIALS	Reading of "Response To Feeling" Manual.
10 mins.	LIVE MODEL	Lecture and demonstration of reflection of feeling responses by role-playing.
11 mins.	DISCUSSION	Lecture and discussion on uses of reflection of feeling.
TOTAL: 52 mins.		

TABLE 5

Summary of No-Treatment Control Group (C)		
<u>Time</u>	<u>Content</u>	<u>Description</u>
30 mins.	TOUR	Tour of Counselling Services.
TOTAL: 30 mins.		

Specific Procedures for Each Group

Response to Feeling Manual

Immediately prior to the commencement of the training tapes and/or lecture, all Ss except those in the control group received instructions by means of the "Response to Feeling Manual" (see Appendix A). This manual was developed by Ivey, et al. (1968) with the purpose of providing information and instructions pertinent to the nature of empathic responses. Instructions utilized in this manner direct and motivate Ss to listen to or observe models responding to the client's feelings.

Language Laboratory Audio Group (LLA)

The procedure for all Ss in the language laboratory audio treatment group was exactly the same. When S arrived, he was greeted by the experimenter (E) and an assistant, who introduced themselves. All Ss were then assigned to individual private booths. Since the language laboratory was unfamiliar to many of the Ss, acquaintance with the surroundings, and familiarity with the electronic apparatus was necessary. Thus, prior to the commencement of the treatment, Ss practiced using the microphone and recorders to the satisfaction of the E and each S.

Once Ss were seated comfortably, an assistant and the E distributed the "Response to Feeling Manual." Appropriate time was allotted for Ss to read this manual. There

was no discussion following the reading. Subsequently, the E gave instructions to listen carefully to the training tape, and to imagine themselves in an actual counselling situation. They were instructed specifically to attend to the following:

- (a) the narrator's instructions
- (b) the three expert counsellors counselling clients
- (c) the series of clients presenting problem statements
- (d) their own responses made to (c)

Once these instructions were given, the E informed the Ss they would receive specific procedural instructions from the training tape itself. Ss then donned their earphones and the training tape began. An assistant and the E circulated around the laboratory to provide any necessary aid to Ss and to ensure that all systems were operating smoothly.

As part of the criterion procedure, all Ss participated in an audio-recorded counselling interview with an actual client. Therefore, upon completion of the language laboratory audio training, all Ss were taken by the E to the Division of Clinical Services located on the seventh floor of the Education Building. There Ss were introduced to their clients for the first time.

Language Laboratory Video and Audio Group (LLV)

The language laboratory video and audio treatment group underwent a procedure highly similar to the language laboratory audio treatment group (LLA). The major difference in treatment procedure for all Ss in this group was the addition of a video monitor. As in treatment group (LLA), Ss were taken to the counselling offices and introduced to their clients.

Audiotape Recorder Group (ATR)

In the audiotape treatment condition, all Ss met in a classroom where they were greeted by the E and an assistant, who introduced themselves. The E and assistant proceeded to distribute the "Response to Feeling Manual" to all Ss allotting sufficient time for reading. No discussion followed. The E gave instructions to listen carefully to the training tape being played on the tape recorder, and to attend specifically to the following:

- (a) the narrator's instructions
- (b) the four expert counsellors counselling clients
- (c) the series of client problem statements

The E then informed Ss of further specific procedural instructions to be given by the narrator on the training tape.

The contents of the audio training tape were the

same as the language laboratory treatment groups, (LLA) and (LLV), but for an additional ten-minute uninterrupted counselling excerpt of a professional counsellor and a coached client, which was included to equalize the time of treatments. Therefore, in terms of treatment time, the audio treatment group received the same amount of treatment as the other groups.

Another difference in the audio training tape was the narrator's instructions. All Ss were asked to imagine themselves in an actual counselling situation, and to respond silently when it was deemed necessary. Since Ss did not record their responses, no playback was involved. Upon termination of the treatment, all Ss underwent procedures similar to (LLA) and (LLV).

Lecture-Discussion Group (LDM)

All Ss in this treatment group met in a classroom where they were greeted by the Director of the Division of Counsellor Education at The University of Alberta, who served as lecturer for this group. Once seated, Ss received reading materials on paraphrasing and the "Response To Feeling" Manual. Having read these materials, a lecture was given followed by a demonstration of the skill of paraphrasing and reflection. Discussion centered around the topic of "feelings."

The video and audio training tapes were neither observed nor listened to by the Ss of this treatment group.

Immediately following the lecture-discussion treatment, Ss were taken to the counselling offices where they were introduced to their clients.

No-Treatment Control Group (C)

In the no-treatment group, all Ss met in a classroom where they were greeted by the E and an assistant, who introduced themselves. The E led Ss to the counselling offices for a tour of the Division of Clinical Services located on the seventh floor of the Education Building. Following the tour, Ss interviewed clients.

Procedure For All Ss in the Counselling Interviews

Having completed the experimental treatment, all Ss interviewed Grade XI male and female high school students. The clients who volunteered for this experiment were enrolled in psychology classes at Bonnie Doon and Victoria Composite High Schools in Edmonton. All clients were randomly assigned to interviews. Prior to their participation in being interviewed, audio-recording permits were given to the clients to be authorized by their parents (see Appendix F).

To give the interview some structure, each client was given a card containing typed instructions. This card was presented just before the interview and it read as follows:

You will be participating in a research project involving university students who are studying in the helping professions, and who are interested in developing their interviewing skills. You will be seeing him/her for approximately twenty minutes. You should go into the office, and interact with him as if he were your counselor. It would be helpful if you could begin the interview by talking about something of personal concern to you, or of something which has troubled you in the past. You are free to discuss any subject that concerns you.

Simultaneously prior to the interview, each experimental S received a card containing typed instructions, which read as follows:

As part of your learning experience, you will have the opportunity to interview high school students who have volunteered to talk to someone in the helping professions.

The length of this interview will be approximately twenty minutes. Therefore, it is necessary for you to interact with your volunteer client immediately upon entering the counselling office. During the interview you should attempt to explore those areas which are of personal concern of your client.

For the interviews, clients were randomly assigned to Ss. Although Ss were not told the names of their clients before the interview, each client was told the name of his interviewer in advance to ensure no client knew his S from outside contact. Once the typed instructions were read by both S and client, the E or an assistant introduced them to each other, and led them to a private counselling cubicle. There they were reminded that the interview would be audio-recorded. The E or assistant left the counselling room indicating he would return in approximately twenty minutes, at which time the

interview would terminate. Participants were thanked for their assistance.

Instruments

The Accurate Empathy Scale

This scale was developed by Truax (1961) and attempts to measure nine degrees of accurate empathy beginning with an almost complete lack of empathy, and continuing to a level where the counsellor responds empathically to the client's full range of feelings. A complete description of the scale is provided in Appendix B. The Accurate Empathy Scale focuses not only on the therapist's understanding, but also on the communication of empathy. According to Truax, "accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings (Truax & Carkhuff, 1967, p. 46)."

A number of studies has been reported by Truax in which the Accurate Empathy Scale was employed in assessing levels of accurate empathic understanding. Truax's scale has been tested in extensive process and outcome studies on counselling and psychotherapy. In twenty-eight studies reported, reliabilities of the Accurate Empathy Scale ranged from .43 to .93 (Truax & Carkhuff, 1967).

To estimate the accuracy and depth of empathic

responses made by Ss in the interview with the client, two-minute samples from the first, middle, and final third of each interview were excerpted from the audiotape recordings. These samples of the counselling transaction were assessed by raters trained to use the Accurate Empathy Scale.

Training of Raters on Accurate Empathy Scale

The three raters used in this phase of the study were graduate students in Counselling Psychology at The University of Alberta.

The training program was conducted by the present author and a staff member of the Department of Counsellor Education. Three four-hour sessions were held, and at the end of the third session, raters were asked to rate fifteen interview segments which had previously been rated by Truax. The three raters rated these segments with an interrater reliability of .89 (Winer, 1962). This level surpassed the .60 level that had been decided upon as the minimum level to which raters had to be trained, thus permitting the raters to continue with rating of the data accumulated from samples of audio-recorded interviews in the present study.

Following training, the raters proceeded to score the data using the Accurate Empathy Scale. In total, there were three hundred and nine two-minute samples. A segment was excerpted from the audiotaped interview only if the sample contained at least two therapist statements and two client statements. The samples were

coded for identification by a table of random numbers, and were then assembled in random order on a master tape. In rating the three hundred and nine tape segments, the raters listened in a group and rated each segment simultaneously, and independently. Raters were instructed to conceal their ratings until the rating of all audio segments was completed.

In order to assess the relationship among the raters' scores, interrater reliability analyses were performed near the beginning, middle, and end of the ratings. Analysis of Variance was used to estimate the interrater reliability as suggested by Winer (1962, p. 124). The estimate of reliability of the average of the three raters over the three estimates was .89 (Total N=63). This means, if another sample of three raters were to use the Accurate Empathy Scale on the same sample, the correlation between the mean ratings obtained from the two sets of data would be approximately .89 (Winer, 1962).

Standard Communication Index (SCI)

This index was developed by Carkhuff (1969a) with the purpose of selecting and assessing individuals who will function effectively in the helping role. According to Carkhuff "effective communication by the helper enables the helpee to experience being understood" The index has been used in research to predict training effectiveness, and to select candidates for counsellor training. Carkhuff's

underlying rationale for the construction of the index is based on the premise that the best predictor of future performance is a previous measure of that performance.

The SCI consists of sixteen client "stimulus expressions" which represent samples of psychotherapy from actual counselling sessions. A S is instructed to respond to these client statements as if he were a counsellor. In responding to these "stimulus expressions," Ss are instructed to keep in mind those responses the other person can use effectively in his own life. A further description of instructions for the SCI is given in Appendix C.

A number of studies using the SCI in assessing the level of communication amongst individuals in the helping professions is described in Carkhuff (1969a), who found that the initial level of communication as assessed by the SCI was predictive of change and final level of functioning.

In scoring the SCI, responses are rated by trained raters using the Scale For The Measurement Of Empathic Understanding In Interpersonal Processes (Carkhuff, 1969b, see Appendix D). This scale ranges from Level 1, in which the expressions do not attend to or detract significantly from the expressions of the other person, to Level 5, in which the therapist's responses add significantly to the feeling and meaning of the other person. Carkhuff, Kratochvil and Friel (1968); and Carkhuff (1969c) report acceptable test reliabilities, and inter/intra rater reliabilities for the scale. Cannon and Carkhuff (1969) found rate-rerate

reliability for two trained raters of .95 and .93 with an interrater reliability of .89, while Carkhuff, Kratochvil and Friel (1968) report reliabilities ranging from .90 to .94 on the same indices.

Training of Raters on Scale for the Measurement of Empathic Understanding in Interpersonal Processes

The three raters, all graduate students in counselling psychology at The University of Alberta, were not the same raters as those who rated according to the Accurate Empathy Scale. Training included ten hours of intensive practice in rating written responses to client stimulus expressions on the dimension of empathy. The training program was conducted by the present author with two other doctoral candidates. The trainers, who were all experienced in empathy training, did not take part in the actual rating of the data. At the end of the training session, raters were asked to rate thirty-two written responses which had previously been rated by Carkhuff. The three raters were able to rate these responses on the dimension of empathy with an interrater reliability of .87 using analyses of variance as suggested by Winer (1962).

This level surpassed the .60 level decided upon as the minimum level to which raters had to be trained, thus permitting the raters to proceed with rating the data from this study.

Following training, raters rated the data using

the Scale For The Measurement Of Empathic Understanding In Interpersonal Processes.

The data consisted of 1,664 written responses of 104 subjects. In the preparation of the data for rating purposes, written responses of Ss were typed and number coded according to the groups to eliminate any rater bias, which might have arisen from style, and form. These typed responses were then presented in random order to the raters. All written responses received a rating value of 1.0 (low) to 5.0 (high), with half units of 1.5 to 4.5.

In rating the written responses, rating was conducted in a group. The three raters rated each written response simultaneously and independently. Reliability analyses were performed on the actual data near the beginning, middle, and end of the sixteen stimulus expressions. The statistical method of Analysis of Variance was used to estimate the interrater reliability as suggested by Winer (1962, p. 124). The estimate of reliability of the average of the three raters over the three estimates (beginning, middle, and end; Total N=68) was .88.

The Relationship Questionnaire

The third criterion measure that was employed in this study was the Relationship Questionnaire (see Appendix E) developed by Truax (Truax & Carkhuff, 1967). This instrument was originally designed to measure the therapeutic conditions of empathy, unconditional positive regard, and

genuineness. For the purposes of this study, however, the Relationship Questionnaire was selected as a global measure of a S's empathy as perceived by the client.

There is evidence to indicate from factor analytic studies on these therapeutic conditions (Carkhuff, 1969a; Collingwood, Hefeles, Muehlberg, & Drasgow, 1970) that a principle factor is accounting for approximately two thirds of the variance. An extensive study on the effects of counsellor offered therapeutic conditions (Carkhuff, 1969a, 1969b; Carkhuff & Berensen, 1967; Truax & Carkhuff, 1967) has suggested that empathy may represent this principle factor. Therefore, in this study the overall total score on the Relationship Questionnaire was used as a measure of the S's empathy.

In the administration of this 141 item questionnaire, clients considered each statement and selected true or false items.

Statistical Treatments

This study yielded three sets of data. These were; judges' ratings of Ss' interviews with live clients, judges' ratings of written responses on the Standard Communication Index, and clients' perception of Ss' empathy on the Relationship Questionnaire. Data analyses were completed using an IBM 360/67 computer at The University of Alberta.

In reference to the data gathered from the judges'

ratings of excerpts from the beginning, middle, and final phases of Ss' recorded interviews, a two-way analysis of variance with repeated measures was applied.

A one-way analysis of variance was employed both for the judges' ratings of written responses on the Standard Communication Index and for clients' perception of Ss' empathy on the Relationship Questionnaire.

Using the analysis of variance procedure, significant differences were recorded among the groups, but did not indicate which differences between groups were significant. For the three sets of data, the statistical method attributed to Scheffé (Ferguson, 1969) was applied to test for significant differences between each group with each other group.

CHAPTER IV

RESULTS

This chapter deals with the findings as related to each of the hypotheses. Discussion and implications stemming from the findings will be presented in the final chapter.

Hypothesis I

Subjects in the language laboratory audio group (LLA) will display higher levels of empathy than will subjects in the other groups, as measured by the Accurate Empathy Scale.

A two-way analysis of variance with repeated measures was performed on the five groups. The data was comprised of judges' ratings of 309 two-minute segments from the beginning, middle, and final phases of the interviews of 103 subjects*.

Table 6 presents the empathy mean scores and standard deviations of the judges' ratings for the beginning, middle, and final phases of interviews for the five groups. A graphical representation of treatment and phase effects may be found in Figure 2.

*The experimental design for this study called for 21 subjects randomly assigned to each of the five groups. However, due to unforeseen circumstances there were 20 subjects in LDM since one subject failed to appear. Also, one audio-recorded interview in ATR was unsuccessfully recorded because of tape recorder malfunction.

As indicated in Table 7, the F ratio for treatment effects across groups is significant ($p < .002$), and for phase effects the F ratio was also found to be significant ($p < .001$). No significant differences were recorded for the interaction between treatment and phase effects. A Scheffé multiple comparison of means for treatment and control groups is presented in Table 8. These results indicate that subjects in the audiotape recorder group were significantly higher ($p < .01$) in eliciting more empathic responses, than subjects in the language laboratory audio group and control group. No significant differences were found between subjects in the audiotape recorder group, the language video and audio group, and the lecture-discussion group.

TABLE 6

MEANS AND STANDARD DEVIATIONS OF JUDGES' RATINGS
OF SEGMENTS FOR THE FIRST, MIDDLE, AND FINAL
PHASES OF INTERVIEWS ON ACCURATE EMPATHY SCALE

Interview Phase	LLA		LLV		ATR		LDM		C	
	M	S.D.	M	S.D.	M	S.D.	M	S.D.	M	S.D.
Beginning	1.63	.59	2.08	1.15	2.53	1.00	1.90	.85	1.52	.41
Middle	1.28	.40	1.67	.87	1.93	.87	1.83	.88	1.39	.41
Final	1.32	.35	1.84	1.07	2.14	1.19	1.81	.93	1.47	.94

These findings are not in support of Hypothesis I which stated that subjects in the language laboratory audio group will display higher levels of empathic responses, than those subjects in the other groups as measured by judges' ratings on the Accurate Empathy Scale.

FIGURE 2

COMPARISON OF MEANS FOR THE BEGINNING, MIDDLE, AND FINAL PHASES OF INTERVIEW FOR TREATMENT AND CONTROL GROUPS

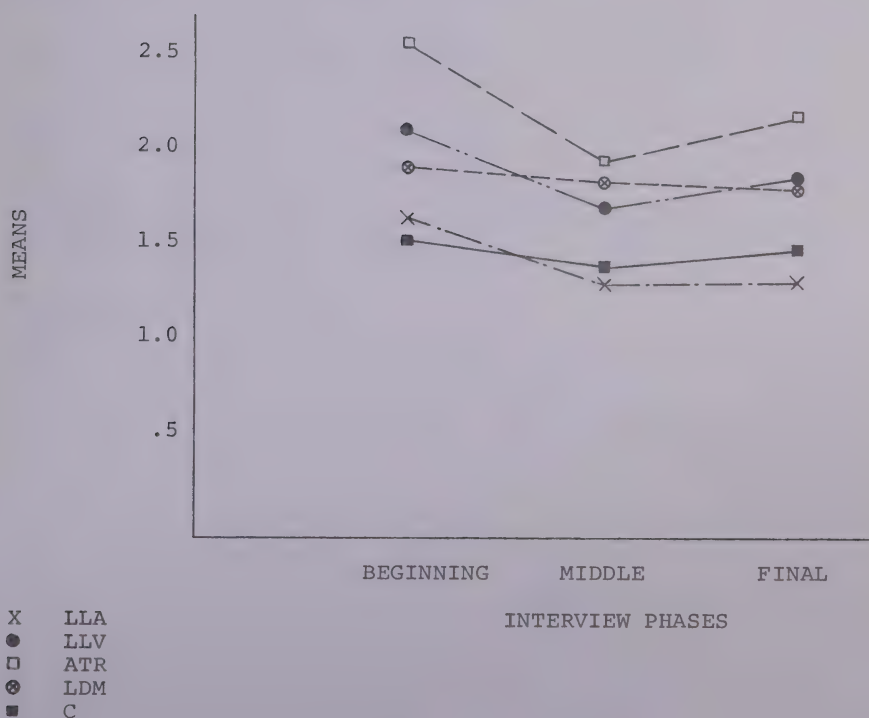


TABLE 7

SUMMARY OF ANALYSIS OF VARIANCE OF JUDGES' RATINGS OF
SEGMENTS FOR THE FIRST, MIDDLE, AND FINAL PHASES
OF INTERVIEWS ON ACCURATE EMPATHY SCALE

Source	Sum of Squares	df	Mean Square	F	Probability
Between Groups	167.80	102			
Treatment Effects	26.17	4	6.54	4.52	0.002
Subjects Within Groups	141.72	98	1.44		
Within Groups	70.22	206			
Phase Effects	5.23	2	2.61	8.15	0.001
Treatment x Phase Effects	2.10	8	.26	0.82	0.584
Phase x Subjects Within Groups	62.92	196	.32		

TABLE 8

PROBABILITY MATRIX FOR SCHEFFE MULTIPLE
COMPARISON OF EMPATHY MEANS FOR
TREATMENT AND CONTROL GROUPS

	1	2	3	4	5
1		.35	.01	.43	1.00
2			.65	1.00	.38
3				.58	.01
4					.45

Hypothesis II

Subjects in the language laboratory audio group (LLA) will display higher levels of communicated empathy than will subjects in the other groups as measured by the Standard Communication Index.

In order to determine the tenability of the above hypothesis, a one-way analysis of variance was applied to the data. A total of 1,664 written responses ($N=104$) were rated by three trained raters.

Table 9 presents the means and standard deviations, and Figure 3 illustrates a comparison of empathy mean scores for all groups. The F ratio for treatment effects given in Table 10 was 19.82 which is significant ($p < .001$). A Scheffé test was performed to determine the

differences across treatment groups. The findings found in Table 11 indicate that all treatment groups scored significantly higher ($p < .001$) than the control group on the dimension of communicated empathy, as measured by the Standard Communication Index.

TABLE 9

MEANS AND STANDARD DEVIATIONS OF JUDGES'
RATINGS FOR COMMUNICATION OF EMPATHY
ON STANDARD COMMUNICATION INDEX

Treatment Group	Means	Standard Deviation
1. Language Laboratory (Audio)	2.14	.33
2. Language Laboratory (Video and Audio)	2.06	.48
3. Audiotape Recorder	2.10	.38
4. Lecture-Discussion	1.95	.45
5. Control	1.24	.16

FIGURE 3

COMPARISON OF COMMUNICATION EMPATHY MEAN SCORES
FOR TREATMENT AND CONTROL GROUPS

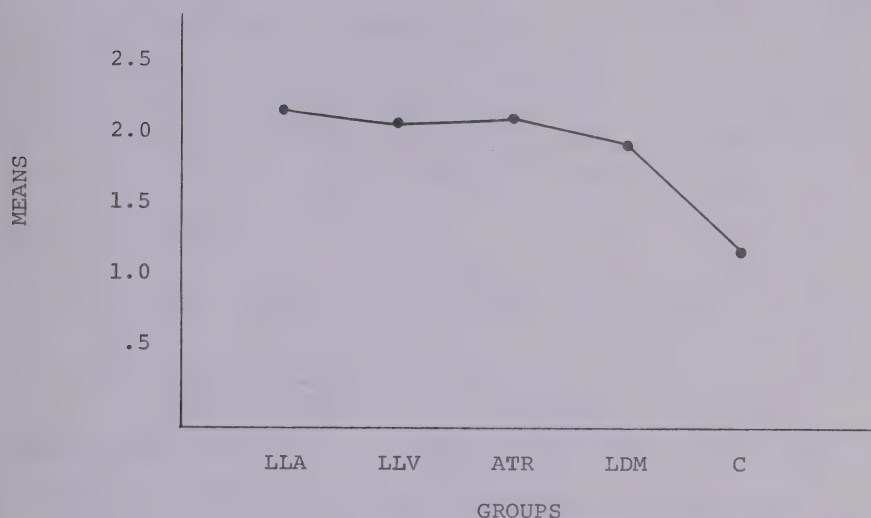


TABLE 10

SUMMARY OF ANALYSIS OF VARIANCE OF JUDGES'
RATINGS OF COMMUNICATION OF EMPATHY
ON STANDARD COMMUNICATION INDEX

Source	Sum of Squares	df	Mean Square	F	Probability
Between Groups	11.66	4	2.92	19.82	0.001
Within Groups	14.56	99	0.15		

TABLE 11

PROBABILITY MATRIX FOR SCHEFFE MULTIPLE
COMPARISON OF EMPATHY MEANS FOR
TREATMENT AND CONTROL GROUPS

	1	2	3	4	5
1		.97	.99	.60	0.00
2			.99	.92	0.00
3				.81	0.00
4					0.00

The findings do not support Hypothesis II which stated that subjects in the language laboratory audio group will display higher levels of communicated empathy than those subjects in the other groups, as measured by the Standard Communication Index. While the findings do not lend support for Hypothesis II, it was concluded however, that all treatments were effective.

Hypothesis III

Subjects in the language laboratory audio group (LLA) will be perceived by their clients as being higher on empathy than will subjects in the other groups as measured by the Relationship Questionnaire.

In determining the tenability of the above hypothesis a one-way analysis of variance was applied to the

total score of the Relationship Questionnaire. The data was comprised of 104 questionnaires.

Table 12 presents the means and standard deviations, and Figure 4 illustrates a graphical representation of clients' perception of subjects' empathy. An F ratio of 2.85 given in Table 13 was significant ($p < .02$). In a multiple comparison of the means, a Scheffé test was applied to the data.

TABLE 12

MEANS AND STANDARD DEVIATIONS FOR ALL GROUPS ON
CLIENTS' PERCEPTION OF SUBJECTS' EMPATHY
ON RELATIONSHIP QUESTIONNAIRE

Treatment Group	Mean	Standard Deviations
1. Language Laboratory (Audio)	324.43	28.35
2. Language Laboratory (Video and Audio)	280.08	49.44
3. Audiotape Recorder	300.57	67.28
4. Lecture-Discussion	293.49	76.38
5. Control	272.80	56.38

The findings presented in Table 14 indicated that subjects in the language laboratory audio group were perceived by their clients as being higher on empathy than the

control group. However, subjects in the language laboratory audio group were not significantly higher than the language laboratory video and audio group, the audiotape recorder group, and the lecture-discussion group.

Hypothesis III, which stated that subjects in the language laboratory audio group will be perceived by their clients as being higher on empathy than those subjects in the other groups, was therefore, partially confirmed.

FIGURE 4

COMPARISON OF EMPATHY MEANS FOR
TREATMENT AND CONTROL GROUPS

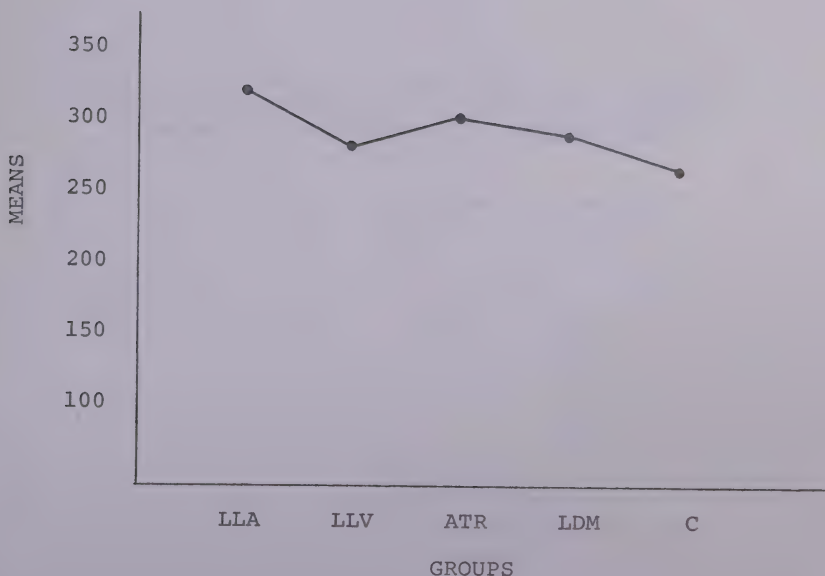


TABLE 13

SUMMARY OF ANALYSIS OF VARIANCE FOR ALL GROUPS
ON CLIENTS' PERCEPTION OF SUBJECTS' EMPATHY
ON RELATIONSHIP QUESTIONNAIRE

Source	Sum of Squares	df	Mean Square	F	Probability
Between Groups	341.93	4	85.48	2.85	0.02
Within Groups	2996.1	99	29.96		

TABLE 14

PROBABILITY MATRIX OF SCHEFFE MULTIPLE COMPARISON
OF CLIENTS' PERCEPTION OF SUBJECTS' EMPATHY
MEANS FOR TREATMENT AND CONTROL GROUPS

	1	2	3	4	5
1		.15	.73	.50	.05
2			.85	.96	.99
3				.99	.61
4					.83

Summary of Results

In summarizing the analysis of the data, the following conclusions are drawn:

1. Subjects in the language laboratory audio group do not display significantly higher levels of empathy than subjects in the other groups, as measured by the Accurate Empathy Scale.

2. Subjects in the language laboratory audio group do not display higher levels of communicated empathy than the other groups, as measured by the Standard Communication Index.

3. Subjects in the language laboratory audio group are perceived by their clients as being significantly higher than the control group. No significant differences were recorded between the language laboratory audio group and the language laboratory video and audio group, the audiotape recorder group, and the lecture-discussion group.

In short, Hypothesis I and Hypothesis II were not supported, while Hypothesis III was partially upheld.

CHAPTER V

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

The final chapter of this study consists of a discussion of the self-instructional training program, a discussion of the results, the implications arising out of the study, and the recommendations for further research.

Discussion of the Self-Instructional Training Tape Program

The development of the present investigation began with a pilot study in the Fall of 1971. At that time, the primary purpose was to test the feasibility of using a self-instructional training tape program utilizing a language laboratory to teach the counselling skill of reflection of feeling. This program was developed from commercial and non-commercial audiotapes from which counselling excerpts were dubbed onto a reel-to-reel audiotape. This audiotape in turn, became instrumental in the self-instructional training tape program.

Participants in the pilot study were counsellor trainees enrolled in a counselling practicum course at The University of Alberta. The main difficulty encountered during the pilot project proved to be technical in nature, more specifically, the audio quality was poor, rendering several of the counselling excerpts inaudible. Apart from this, the overall feedback received from participants was generally positive. While the students reported that they

found the task quite taxing, they found it both stimulating and educational. They felt that more audiotape packages of this nature should be developed.

For the present study, a self-instructional training tape program containing both video and audio components was developed in the Spring of 1972. The counseling dialogues employed were those used in the pilot study, as well as some created by the writer. To achieve excellent audio quality, realistic effect, and video clarity, the writer sought the assistance of the Audio-Visual Department, following which the training tape was professionally produced. The cast for this production was comprised of three drama students, three professional counsellors, fifteen students, and a former radio announcer. All participants practiced their assigned roles thoroughly to achieve the desired realism of an interview between counsellor and client.

The primary purpose of the present study was to determine the efficacy of the use of a language laboratory over customary instructional media in teaching a particular counselling skill, that of, reflection of feeling. A secondary purpose was to explore the effectiveness of a self-instructional training tape program which was comprised of (1) a response to feeling manual, (2) video and audio taped models functioning at various levels of empathy, (3) immediate role-practice for trainees, and (4) playback.

In this study Bandura's modelling principles were utilized in guiding the development of the self-instructional training tape program.

Although the stated hypotheses for the study were not supported, the self-instructional training tape program, as a novel approach to learning, was shown to be effective in training subjects to elicit empathic responses. Although it is felt that this training tape is in need of further development, it seems to set out a format about which training tapes designed to teach other microcounselling skills could be produced.

Discussion of Results

The findings show that the use of the language laboratory as a teaching aid in this study is neither significantly superior nor inferior to the other instructional methods used.

The results of this study also suggest that learning a complex verbal skill such as reflection of feeling, can be accomplished by using a self-instructional training tape program or an audiotape recorder. In this way the study does give credence to the suggestions made by Ivey (1971) that audiotape is important for learning verbal communication skills.

Although the language laboratory was not shown to be superior, numerous mediating factors may account for the lack of support of the hypotheses.

Firstly, none of the participating subjects had previous experience in the use of the language laboratory. Within the fifteen minutes subjects were allowed to orient themselves with the operation of the language laboratory. They were expected to (1) familiarize themselves with being in a private booth, (2) insert audio-recording tapes into the recording machine, and (3) operate on, off, rewind, record, and forward switches. It was very obvious during treatment that students exhibited anxiety related to the operation of the equipment. This anxiety no doubt hampered their attending to the materials being presented. This anxiety was particularly noticeable when it was time for the subjects to respond to the client problem statements. Clearly, if one were to replicate this study, ample preparation of the subjects should be made by giving them more instruction and more opportunity to become acclimatized to the operation of the language laboratory. It seems reasonable to expect that with proper preparation, the positive attributes of the language laboratory would greatly enhance the already demonstrated strength of the audiotape treatment.

The judges' ratings of tape-recorded interviews with live clients indicated that treatment groups LLA, LLV, and LDM did not score significantly higher on empathy than subjects in the control group. Written responses made to the sixteen stimulus expressions of the Standard Communi-

cation Index were not demonstrated in an actual counselling interview with a live client. Treatment effects as measured by judges' ratings of written responses made to the Standard Communication Index did not appear to be transferable to a real situation.

These results are supported by Blocksma's and Porter's (1947) findings in which written test responses were not good predictors of interview behavior. They found students chose 89 per cent reflective responses on the written test, but used 11 per cent in an actual interview. There was little relationship between what students reported they would do, and what they actually did. In a study of attitudes, Munger, Meyers, and Brown (1963) found similar results. Students can learn to select more understanding responses on a paper and pencil test, but they do not always choose those responses in real-life situations.

In a number of studies, (Carkhuff & Griffin, 1970; Carkhuff & Banks, 1970; Carkhuff & Bierman, 1969) the usual procedure employed in assessing the results of brief empathy training is to administer the Standard Communication Index prior to and after training. Are subjects being trained to respond to the Index? While Carkhuff's dictum "people learn what they are trained to learn" may be true, it is quite possible empathy training only teaches subjects how to respond to the Standard

Communication Index. The significant gains in communicated empathy of the treatment groups over the control group is probably due to subjects being trained to respond appropriately to the Index. Hence, the validity of this instrument warrants further study.

Even though the relationship between ability to score on a paper and pencil test and the ability to function effectively in an interview situation is not high, it is still worthy of note that all treatment programs resulted in high gains on the Standard Communication Index. This is especially important when one realizes that the training programs were only 52 minutes. In contrast to the base-rate level of communicated empathy for all four treatment groups was increased to an average level of 2.08. Moreover, upon examination of the data, it was found the level of communicated empathy varied from low levels of 1 to high levels of 4.5 in all treatment groups.

According to Carkhuff (1969b), at level 3, the level of communicated empathy is essentially interchangeable with statements of the helpee, while at level 4, the responses of the helper add noticeably to what the helpee said. The goals of empathy training are to reach a minimal level of 3.

Implications

Probably, the most useful accomplishment of this

project was the development of the self-instructional training tape program. On the basis of this study, it is obvious that student subjects enjoyed using the program. Counsellor trainees, who would likely be more highly motivated to learn counselling skills would, no doubt, find the self-instructional training tape program even more to their satisfaction than did the undergraduate students who participated in this study.

Obviously, even if a microcounselling skill such as reflection of feeling, can be no better taught by using a self-instructional training tape program than it can be by more conventional approaches such as lecture-discussion, it is certainly worthy of serious consideration as an integral part of a Counsellor Education Program. In a time of budget cuts, an approach which can free instructors for other teaching duties must be duly considered.

Moreover, where instructors may not be available, it would be possible to teach an interviewing skill such as reflection of feelings in remote areas like the Canadian North. Counsellor trainees in such remote areas could study these self-instructional audiotapes or cassettes at home. Having mastered the particular counselling skill, counsellor trainees could conduct an interview with a client, send the tape to their supervisor, who, in turn, would relay feedback regarding their interviewing skills.

Due to the shortage of mental health workers,

there is a growing trend to train lay counsellors or non-professionals in developing such counselling skills as reflection of feeling. Para-professionals, as indicated by the research findings of Truax and Carkhuff (1967), and Poser (1966) can effect significant therapeutic change in others. Self-instructional training tape programs could be particularly applicable in developing some of these counselling skills.

Recommendations for Further Research

Unquestioningly, the quality of the self-instructional training tape is of paramount importance. While no serious criticisms were received about the quality of the tape used in this study, there is no doubt in the present researcher's mind that improvements could be made. Firstly, there were in this tape several counsellor responses which were rated fairly low on the empathy scale. Ensuring that all of the counsellor responses are of a high level would improve the tape and thereby probably increase the amount of learning that could be expected on the part of the trainees. Secondly, the anxiety level of the persons receiving the training could probably be reduced by allowing 30 seconds for them to make their responses rather than 20 seconds as was done in this tape program. The debilitating effects of high levels of anxiety are well documented and, therefore, any reduction of anxiety in the use of the program would probably add to the quality of the program.

Further research in this area would probably be better done with counsellor education students rather than undergraduate subjects. The importance of motivation to efficient learning is self-evident. Obviously, students who have selected counselling as their career, would be more highly motivated to learn counselling skills, than would subjects selected on a random basis from among undergraduate students. Therefore, any research attempting to validate the utility of this, or any other, training program should be cognizant of motivation as a fundamental variable.

Since there was little relationship between how subjects responded on the paper and pencil measures used in this study and how they performed on interviews, it would be wise to either (1) use scales which have better validity, or (2) give more consideration to developing behavioral measures of whatever microcounselling skills are being taught.

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A P P E N D I C E S

APPENDIX A

Responding to Feeling: Trainee Instructions

How can you help another person to express the central concerns that he is experiencing? One excellent way is to listen for, and respond to the feelings of the person. By communicating "I can accurately sense the world as you are feeling and perceiving it," you can facilitate the person's movement toward more complete self-awareness and understanding.

Being alert to, and responding to the feeling being expressed, rather than attending solely to the content of what the person says is the skill with which we are presently concerned. What the person is saying is the content portion of the message being communicated. One must also listen to how the person says what he does. For example, the person may speak more quickly when communicating enthusiasm, more slowly when communicating discouragement, etc. It is this feeling portion of the communication to which you are to pay particular attention.

Being alert to, and responding to the feeling being expressed is a skill which is appropriate at any time, regardless of the direction of expression (toward self, others, the counsellor and counselling situation, etc.)

In the examples below, you will have an opportunity to select the alternative which indicates that you understand the person's feelings, the situation as it appears to the person - the alternative which, if spoken to

the person, would be most likely to evoke a response of,
 "That's right!"

Example 1

"So I'm wondering if you can help me
 to find a new job. (PAUSE) I suppose if I
 did find one, I'd just bungle things again
 . . . "

1. Are you sure that it is necessary to leave the
 job you are now in?

2. You feel that it's pretty futile to try again.

3. What jobs have you been considering?

In the first example, responses one and three seek
 additional information from the person, without giving ade-
 quate recognition to the person's feelings. Response two
 accurately reflects the feeling being expressed.

Example 2

"What do you think I ought to do -
 jump off a bridge, or look for another
 college to flunk out of?"

1. There just doesn't seem to be any way out.

2. Have you applied to other schools?

3. Have you thought about trying a junior col-
 lege where there would be less competition?

In this example, response one accurately reflects
 the person's feeling, whereas responses two and three pro-
 vide suggestions as to what the person might do without

giving adequate recognition to the feeling of discouragement which the person is experiencing.

Example 3

"You know, it's a funny thing, but when I talk with someone, I just feel shaky all over! It's the silliest thing! Why should I do that?"

1. Are you an anxious person in many situations?
2. How shaky do you become?
3. This reaction puzzles and concerns you!

Here, responses one and two seek additional information, whereas in response three, the gist of the person's expression is caught and rephrased in fresh words.

Behaviors you may want to try:

1. Listening for Feeling

Remember that what the person is saying is only part of the message being communicated to you. How he says what he says is extremely important. A change in breathing or in the speed of talk, a sigh, a blush, a stammer, an extra emphasis upon a particular word - any of these can be important cues as to feelings of the person.

2. Timing Your Comments

Do not try to respond to every comment by the person. You may simply want to smile, nod, say "MmmHumm," etc., until there is an occasional opportunity to reflect the feelings of the person.

3. Reflecting Feeling

As you listen for, and find, instances of person expression of feeling, reflect this feeling by restating what the person is experiencing, in your own words. If the person should say, "I wish I could talk to my dad about things like this, but I never seem to get up the nerve," you might respond, "You are a little bit afraid of your dad."

Your goal is to understand what the person is experiencing, and to communicate to the person that "I am with you - I can accurately sense the world as you are feeling and perceiving it."

APPENDIX B

A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY

Charles B. Truax

The present scale is a refinement of a scale described elsewhere (The process of group psychotherapy: relationships between hypothesized therapeutic conditions and intrapersonal exploration. Psychol. Monogr., 1961, 75, No. 7, Whole No. 511). It was designed to be used with tape recorded interviews, but can also be used with motion picture recordings, video tape recordings, live observations, and, with only slight loss in reliability, to typescripts of psychotherapy interactions. The present scale was designed to be used with therapist responses occurring in both individual and group psychotherapy, and to be used by both professional and lay persons.

The scale is an attempt to define nine degrees of accurate empathy, beginning with an almost complete lack of empathy and continuing to a level where the therapist unerringly responds to the client's full range of feeling and recognizes each emotional nuance and deeply hidden feeling.

GENERAL DEFINITION

Accurate empathy involves more than just the ability of the therapist to sense the patient's "private world" as if it were his own. It also involves more than just the therapist to know what the patient means. Accurate empathy involves both the sensitivity to current feelings

and the verbal facility to communicate this understanding in a language attuned to the client's current feelings.

It is not necessary - indeed it would seem undesirable - for the therapist to share the client's feelings in any sense that would require the therapist to feel the same emotions that the client feels. It is instead an appreciation of those feelings and a sensitive awareness of those feelings. It also, at deeper levels of empathy, involves an understanding of patterns of human feelings and experiencing so as to sense feelings present in the client which are only partially revealed. From the therapist's experience and knowledge of patterns of human feelings and can also voice meanings in the client's experience of which the client is scarcely aware.

At a high level of accurate empathy the message "I am with you" is unmistakably clear - the therapist's remarks fit in just right with the client's mood and content. The therapist's responses not only indicate a sensitive understanding of the obvious feelings, but serve to clarify and expand the client's awareness of his own feelings or experiences. This is communicated not alone by the language appropriate to the client, but also by the total voice qualities which unerringly reflect the seriousness and depth of feeling. The therapist's intent concentration upon the client is evident so that he is continuously aware of the client's shifting emotional content and can shift his own responses to correct for language or content errors in his

own communications when he is not "with" the client.

At a low level of accurate empathy the therapist may be off on a tangent of his own, or may have misinterpreted what the patient is feeling, and, at a very low level be so preoccupied and interested in his own intellectual interpretations that he is scarcely aware of the client's "being". The therapist at this low level of accurate empathy may be even disinterested in the client, or may have his focus of attention on the intellectual content of what the client says, rather than what the client "is" during the moment and so ignores, misunderstands or does not attempt to sense the client's current feelings and experiences. At a low level of empathy the therapist is doing something other than "listening", "understanding", or "being sensitive"; he may be evaluating the client, giving advice, sermonizing, or simply reflecting upon his own feelings or experiences. Indeed, he may be accurately describing psychodynamics to the patient - but in a language not that of the client, or at a time when these dynamics are far removed from the current feelings of the client, so that it takes on the flavor of a teacher-pupil interaction.

9 - POINT SCALE

Stage 1

Therapist seems completely unaware of even the most conspicuous of the client's feelings. His responses are not appropriate to the mood and content of the client's statements, and there is no determinable quality of empathy, hence, no accuracy whatsoever. The therapist may be bored and disinterested, or actively offering advice, but he is not communicating an awareness of the client's current feelings.

Example I:

C: Sir, are you ready? (earnestly)

T: What about? (mumbled)

C: I want one thing to know - us - is it or is it not normal for a woman to feel like that, like I felt - degraded - one thing right after the other from Sunday on - or is it a lesson? (sadly; dramatically) Is it immature to feel like this - is it really maturity - what it says in the books, that one has to understand the other person - is a woman supposed to give constantly and - be actually humiliated? (intensely, though softly)

T: If she asks for it. (casually)

C: If she asks for it. (registering surprise) Did I ask for it? (testily)

T: Well, I don't know; I doubt - I don't think you did. (mechanically)

Example II:

C: I wonder if it's my educational background or if it's me.

T: Mhm.

C: You know what I mean.

T: Yeah.

C: (Pause) I guess if I could just solve that I'd know just where to hit, huh?

T: Mhm, mhm. Now that you know, a way, it you knew for sure, that your, your lack, is that's what it is - I can't be sure of that yet (C: No) is really so, that it, it might even feel as though it's something that you just couldn't receive, that it, if, that would be it?

C: Well - - I - - I didn't, uh, I don't quite follow you - clearly.

T: Well (pause), I guess, I was, I was thinking that - that you perhaps thought that, that if you could be sure that, the, uh, that there were tools that, that you didn't have, that, perhaps that could mean that these - uh - tools that you had lacked - way back there in, um, high school (C: Yah) and perhaps just couldn't perceive now and, ah . . .

C: Eh, yes, or I might put it this way, um (pause) If I knew that it was um, let's just take it this way - If I knew that it was my educational background, there would be a possibility of going back.

T: Oh, so, I missed that now, I mean now, and, uh . . .

C: And really getting myself equipped.

T: I see, I was - uh - I thought you were saying in some ways that um, um, you thought that, if, if that was so, you were just kind of doomed.

C: No, I mean . . .

T: I see.

C: Uh, not doomed. Well let's take it this way, um, as I said, if, uh, it's my educational background, then I could go back and, catch myself up.

Example II - Continued

T: I see.

C: And come up.

T: Um.

Stage 2

Therapist shows a degree of accuracy which is almost negligible in his responses, and then only toward the client's most obvious feelings. Any emotions which are not so clearly defined, he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3, in that the therapist ignores feelings rather than displaying an inability to understand feelings.

Example I:

- C: You've got to explain so she can understand (T: Mhm, mhm, in bored tone) - without - uh - giving her the impression that she can get away with it, too. (excitedly)
- T: Well, you've got a job satisfying all the things that - seem important, for instance being consistent, and yet keeping her - somewhat disciplined and telling her it's good for her. (conversationally)
- C: There's where the practical application of what we have just mentioned comes into being. (laughs)
- T: Mhm, mhm. (sounding bored)
- C: And when it's a theoretical plan - (T: Mhm) - it's beautiful! (shrilly) (T: Mhm - mhm) - but -
- T: (Interrupting) Something else about it that I feel really dubious about (banteringly) - what you can really do on the practical level (inquiringly) - I sometimes say that's what - we're most encouraged about, too. (mumbling)
- C: (Chiming in loudly) Yew - uh - there are many - uh problems in our lives in the practical application of - trying to be consistent. (informatively)

Example II:

- C: It seems that recently, uh, set up our program for the next year and, uh, outlined it, and concurred it by phone and all of this stuff, and I sent him a letter, a concurring letter, a letter to concur his phone call. I want him to send me a concurring letter to the letter that I concurred from to make more triply sure that I didn't - what's going on. So, I don't know what, uh, what's going on, what's going on in this guy's head. (T: Mhm) 'Cause, uh, I assume at the outset then that this is a (T: Mhm) guy that reacts normally to acts, normally. Then, when a person does have something that is supposed to, or that he was going to be especially secretive about, (T: Mhm) that does have a definite meaning. Not a type that just promotes himself to . . . out of proportion like . . . let's say, uh, say a certain general. Perhaps, uh, this fellow likes servants.
- T: Maybe you're saying that . . . I mean, what I see you doing is, uh, escaping, considering . . . letting a - a justification . . . for . . . your feeling of anxiety in this situation.
- C: (Interrupting) Yeah, well, uh, I'm trying to figure out just how . . . well, just kind of what the outcome would be, what day do you think (Therapist attempts to interject some comment, but client does not yield) . . . I could go on with the delusions of trying to be a fortune teller, which I can't . . . (T: Mhm) . . . I can't stand that.
- T: Then, I heard you say something else, uh, right at the beginning, I suppose this was, that, uh, there it was a hot day, and you didn't think there was, you know, there was any calls coming downstairs.
- C: Well, I . . . I would like to try to figure that out for myself, the feeling I . . . I sort of get the feeling, you know, of . . . of getting to be triply sure, you know. Perhaps this is what I meant to convey here.
- T: Well, uh . . . I don't know whether you real-ly said this, but it's . . . you conveyed it to me, anyhow. Amd, I perceived the notion that, uh . . . you were feeling this way and, uh, sore and so on, and along comes this phone call and this situation . . .
- C: Mhm.

Example II - Continued

T: . . . to which, immediately, you respond with anxiety -

C: Yah.

T: . . . which, umh, you then felt was, uh, an indication of the insecurity of your level of confidence . . .

Stage 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature. The therapist seems to assume the presence of deep feelings, although he does not sense their meaning to this particular patient.

Example I:

- C: I'm here, an' uh - I guess that maybe I'll go through with it, and - (nervous laugh) - I'll have to - there's no use -
- T: (Interrupting) You mean you're here - you mean you're right here - I wasn't sure when you said that - (C: Well . . .) - whether you meant you were - I guess you mean you were in - this is your situation. (stumbling)
- C: (Interjecting) I'm in - I'm in - I'm in the stage of suffering - well, yes, I'm here too because of that.
(T: - murmurs Mhm after every other word or so) - An' - uh - (sighs audibly) - but, I can see where - uh -
- T: (Filling in) You feel it's - you feel it's a pretty tough situation to be in? (inquiringly)
- C: Sometimes I do, sometimes I don't. (casually)

Example II:

- C: Now that you're . . . know the difference between girls, I think they were about 9 to 8 years old and, uh, they were just like dolls, you know, and (laughs) uh, I used to spend a lot of time with 'em. I used to go over there and would spend more time with these kids than what would with . . .
- T: Mhm, hm.

Example II - Continued

- C: But nobody ever told me why I was dragged in here. And I own my own place, I have my, my and my farm, I think I still own them. Because that, there was a little mortgage on it. And, uh, (pause) my ex-wife but I don't see how in the world they could change that.
- T: Mhm, hm.
- C: But they sold my livestock and, uh, I, I worked with horses, and they sold them all, and ah . . .
- T: I think probably, should I cross this microphone? (noises)
- C: And then I had a bunch of sheep.
- T: Mhm, hm.
- C: And they sold that stuff off, and the social worker, Mrs. L. says to me, she says that uh, she says I was ill when I was brought in here.
- T: Mhm, hm.
- C: And that, which I know that I was not ill. Now, I'll tell you what she might've meant in what way I was ill. Now I'll tell 'ya, I 'batched it out there on the farm and I maybe just didn't get such too good food at the time. Now, whether she wanted to call that ill, or whether she wanted to call it mentally ill, that she didn't say.
- T: Mhm, hm.
- C: But she says I was ill, well, they could put that I was sick that I didn't have the right kind of food because I gained quite a bit of weight after I was brought in here.
- T: Mhm, hm.
- C: Yeah, but she didn't say which way she meant or how she meant that.
- T: Uh, huh.
- C: And she wouldn't give me any explanation and then I got mad at her . . .
- T: Mhm, hm.

Stage 4

Therapist usually responds accurately to the client's more obvious feelings, and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may anticipate feelings which are not current to the client, as well as misinterpreting some present feelings. Sensitivity and awareness of the therapist are present, but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present, but accuracy is low. This is distinguishable from Stage 2, in that the therapist does occasionally recognize feelings that are less apparent. Also, the therapist may seem to have a theory about the patient, and may even know how or why the patient feels a particular way, but the therapist is definitely not "with" the patient - they are not together. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the current feeling state of the patient.

Example I:

C: If - if - they kicked me out, I - I don't know what I'd do - Because - (T: Mhm) I - I - I am really dependent on it. (stammering)

T: Even though you hate this part - you - say, "My God, I - I don't think I could - possibly exist without it either". (C: Mhm) - And that's even the - that's the - that's the worst part of it. (gently)

C: (Following lengthy pause) Seems that - (catches breath)

Example I - Continued

- sometimes I - uh - the only thing I want out of the hospital - s'tuh have everyone agree with me -
 (T: Mhm, hm) - that's I - I - I guess that if
 (catches breath) - everybody agreed with me - that
 everybody'd be in the same shape I was. (seriously,
 but ending with nervous laughter)

- T: Mhm, well, this is sort of like - uh - feeling about the friend who - didn't want to do what I wanted to do, that - even here - if you agreed with me - this is what I want because if you don't agree with me, it means you don't like me or something. (reflectively)
- C: Mmmm (thoughtfully) - it means that I'm wrong!
 (empathically, quick breathless laugh)

Example II:

- C: - You know, I'll bet you tell that to all the girls. And when we would have oh, go out for department, frequently had parties and picnics and that sort of thing, and I knew his wife and, and, children and, uh there, there was no affair. It was, and, as a matter of fact, I, that was at the time that I had an affair with A.
 (T: Mhm) Now I, I don't think when I was living in that city and working for the welfare department that even though I hadn't been having an affair with A, I don't think that I would at that time had had an affair with B. (T: Mhm) I really don't.
- T: One of the impressions I have (name) is that you, ah, your guilt feelings are way out of proportion - to what uh, they should be. In some ways you've got some really, ah, ah, victorian attitudes that you apply to yourself . . .
- C: (Interrupting therapist) Well, I had an affair with a man and had an illegitimate baby and then go right ahead and have an affair with another married -
- T: (Interrupting client) I'm not talking about that here. That's, that's serious. I mean, maybe you were indiscrete. Maybe uh, you were uh, you took chances that you shouldn't have taken, uh, what I'm saying is, uh, you have sexual feelings, you're going to have sexual feelings. It's a part of you because you're a person and, an . . .

Example II - Continued

C: (Interrupting) But I didn't used to have them doctor!

T: (Therapist going right on) You want to, and you're going to want to find expression for them. And ah, and most people in your circumstance would find expression for them. And wouldn't have to feel so terribly guilty about it, as you do - they wouldn't have to go around hating themselves afterwards like you do. You've got built into yourself a good whip somewhere, (name), you whip yourself (pause) I'm saying that compared to what most people in your circumstance, uh, what their feelings are like - - -

Stage 5

Therapist accurately responds to all of the client's more readily discernable feelings. He shows awareness of many feelings and experiences which are not so evident, too, but in these he tends to be somewhat inaccurate in his understanding. The therapist may recognize more feelings that are not so evident. When he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. Stage 5 is the midpoint of the continuum of accurate empathy.

Example I:

- C: I gave her her opportunity - (T: Mhm) - and she kicked it over. (heatedly)
- T: Mhm - first time you ever gave her that chance, and - she didn't take it? (inquiring gently)
- C: No! She came back and stayed less than two weeks. (T: Mhm) - a little more than a week - and went right straight back to it. (shrilly) (T: Mhm) - So that within itself is indicative that she didn't want it. (excitedly)
- T: Mhm, mhm - it feels like it's sort of thrown - right up in your face. (gently)
- C: Yah - and now I would really - crawling - (T: Mhm) if I didn't demand some kind of assurances - that, that things were over with. (firmly)
- T: Mhm, mhm, it would be - pretty stupid to - put yourself

Example I - Continued

in that - same position where it could be sort of - done to you all over again. (warmly)

- C: Well, it could be - yes! I would be very stupid! (shrilly) (T: Mhm) - because if it's not him - it might be someone else. (emphatically)

Example II:

- C: Uh, it's really a store window there, uh, in Milwaukee.

T: Uh, huh. But this had been your idea, and you'd suggested it and then, lo and behold, it comes out as - -

- C: Well, uh, you see, I have to investigate the contract I signed with the company, you know, these companies have to have a contract whereby they have rights to all patents and, and, copyrights uh, for uh, for so - so long a time after you leave the company, you know (T: Yeah) and uh, in other words, uh (talk together here).

T: So you might have been all right in doing this but you're not really sure about that. You'd have to investigate that.

- C: I'd have to investigate that and some other ideas I'd given them.

T: Uh, huh. And I know too, that, that this is another sign of how, another indication of how many things there were - that you need to trackdown. The drug was just one, this is just another, the movie camera, and (C: Mhm) and there are probably a number of others too.

- C: Well, all those other ideas (Therapist talks simultaneously with client here) Even before they . . . when the, when the rocket uh, was fired by a balloon the first time; I remember, uh, that, right after, uh, this time, that I had gotten into that trouble, I started a little office over in Pecktonica and, and, uh, I submitted to the department of uh, well, the National Inventors Council, that one particular idea. Well then, I just wrote in, an. asking uh, for a little recognition on it. (T: Mhm) And of course, it was one of those ideas, like most of mine that any, anybody will think of and not many people will do any thing about, you

Example II - Continued

know (T: Mhm) and uh . . .

T: Not that hard an idea to think of but you were at least the one who did something about it and who tested it or something, but then didn't get recognition for it.

C: Well, they uh, they wrote me back and said they had nothing like that in their files. (T: Mhm) Well, also, uh, well, I had figures out a few, uh, affairs that, that, uh, amounted to sort of a gyroscope, uh, affair that I had submitted too, and, uh, they also didn't know anything about that. So, uh, I - I was pretty sick at that time, I, uh -

Stage 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Sometimes, however, he tends to misjudge the intensity of these veiled feelings with the result, that his responses are not always accurately suited to the exact mood of the client. In content, however, his understanding or recognition includes those not readily apparent. The therapist deals with feelings that are current with the patient. He deals directly with what the patient is currently experiencing although he may misjudge the intensity of less apparent feelings. Often the therapist, while sensing the feelings, is unable to communicate meaning to these feelings. The therapist statements contain an almost static quality in contrast to Stage 7 in the sense, that the therapist handles those feelings which the patient offers, but does not bring new elements to life. He is with the client, yet doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Example I:

- T: You're sort of - comparing - things you do do, things you have done - with what it would take to be a priest - is that sort of - the feeling? (very gently)
- C: (Following long pause) I don't know. (meekly) - (lengthy pause)
- T: Suppose we mean right now feeling real guilty? (softly)

Example I - Continued

- C: (Sighs audibly) Real small. (very softly - protracted silence) - I can't see how I could feel any different - other than - feeling small or bad (T: Mhm) - guilty. (softly)
- T: Things you've done just - so totally wrong to you - totally bad - you can't help sort of - hating yourself for it? (assuming client's tone) - is that sort of quality? (very gently; almost inaudibly)
- C: (Following pause) - And yet right now I feel as though I want to laugh - be gay - (T: Mhm) - I don't feel anything else. (monotonously)
- T: (Speaking with client) Right at this - at this moment? (C: Mhm) So - it's too much to really - feel - very miserable and show it? (inquiringly)
- C: Yeah, yeah (urgently) I - I - don't want to show it anyway. (haltingly)

Example II:

- C: - gained a lot of weight, I'm way overweight, just the last couple of years, the more I, put on a lot of weight - I, well I did weigh around 160-165, now I weigh a little over 200; about 200 pounds or so. I really am overweight.
- T: Mhm. You feel like (C: Yeah) you've got 40 pounds too much and you don't feel too good.
- C: That's right. I washed medicine glasses for a little over three months this last summer so I, I feel like it right now, but some job, like that, that was - wasn't too hard, I could do it. (T: Mhm) I done that four times a day and it'd take me about - oh half an hour, three-quarters of an hour each time I done it, to wash, see to wash the medicine glasses first. All the different ones that take medicine. They give out medicine four times a day, I done that from, oh, the middle of May until the last part of August - the last day of August.
- T: So you're saying, well you're well enough to, to do some work.
- C: Yeah, I went off - they wanted me to go on lawn detail

Example II - Continued

last year but I didn't, I hardly feel that - I went out and shovelled snow last winter, just a day or two. If the work isn't too hard, I think I could do it all right. Now that really, that was really a nice good job for me, that washing glasses - I should've kept with that but uh, but, oh I made the beds sometimes, about twelve, or, something like that . . . sometime I mop the floor.

T: Mhm. Then you do feel well enough to, to do that sort of work (C: Yeah) - around here in your saying . . . You don't feel well enough or you don't really want to - -

C: Well I don't really know, I wouldn't really be well enough to; I have to take medicine all the time and everything, to keep my nerves calmed, and uh . . .

Stage 7

Therapist responds accurately to most of the client's present feelings. He shows awareness of the precise intensity of most underlying emotions. However, his responses move only slightly beyond the area of the client's own awareness, so that feelings may be present which are not recognized by the client or therapist. The therapist moves on his own to more emotionally laden material. The therapist may communicate simply, that the patient and he are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist response is a kind of pointing of the finger toward emotionally significant material with great precision in the direction of pointing.

Example I:

- C: Th - the last - several years - it's been the other way around - I mean he'll say, 'Well let's - go do this or that,' and - and I - sometimes I actually wanted to, but I'd never go because - I feel like I'm getting my little bit or revenge or something. (voice fades at end)
- T: By God, he owed it to you, and - if he didn't come through, you'll just punish him now - (C: Yah) - now it's too late or - something. (very softly)
- C: (Laughingly) Yah - that's - uh - that's just the way I - uh - now it's too late - - It's your turn to take your medicine now. (assuming therapist's tone)
- T: Mhm - I'm gonna treat you like - you've treated me. (Pause) - Uh -
- C: Mhm . . . it's pretty - that's a - pretty childish way to think, but - I know uh - if I went home tomorrow, I'd do it tomorrow - if I had the chance. (defiantly) - If -

Example I - Continued

T: (Interrupting and overtalking client) One part of you could say, 'Well, this is stupid and childish 'cause I - I want to be with him,' - and yet - another part says, 'No, you gotta make him pay for it - you want him dangling there now'. (gently)

Example II:

(long silence)

T: Are you interested in knowing any more about that or any more about your dreams or about anything else that has seemed important to you here in the hospital?

C: Oh no, the last few months I haven't felt like having any recreation at all, I don't know why, it just doesn't appeal to me. And last night I almost had to force myself to go on a talent show.

T: Mm, mhm. Just feel as though something like this, you just feel, oh, gosh, I'm not interested. (C: Mhm)

C: I used to go to all the dances when I first came here, but now I don't care to now.

T: You sort of feel that even with things that at first you were quite interested in, now they seem less and less interesting.

C: Mhm.

T: I guess you're saying you don't quite know why that is but, uh, it seems that way.

C: Mhm.

Stage 8

Therapist accurately interprets all the client's present acknowledged feelings. He also uncovers the most deeply-shrouded of the client's feeling areas, voicing meanings in the client's experience of which the client is scarcely aware. Since he must necessarily utilize a method of trial and error in the new uncharted areas, there are resulting minor flaws in the accuracy of his understanding, but inaccuracies are held tentatively. He moves into feelings and experiences that are only hinted at by the client, and does so with sensitivity and accuracy. The therapist offers specific explanations or additions to the patient's understanding so that, not only are underlying emotions pointed to, but they are specifically talked about. The content that comes to life may be new, but it is not alien. While the therapist in Stage 8 makes mistakes, mistakes do not have a jarring note, but are covered by the tentative character of the response. Also, the therapist is sensitive to his mistakes and quickly alters or changes his response in midstream, indicating that he more clearly knows what is being talked about, and what is being sought after in the patient's own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Example I:

- C: I'm getting real worried - be - cause - I don't know just what I'm gonna have to face. (Insistently; raising voice to overtalk therapist who attempts to interject comment) - I mean I can't even find - find what I'm gonna have to - uh - fight. (last word barely audible)
- T: It must be something - pretty - God-awful terrible - and yet you don't even know what it is. (gently)
- C: No - uh - I mean - someone could tell me that - I don't have enough confidence - uh - mmm - and I know I've - uh - I've always been afraid of - uh - physical violence - and - uh . . .
- T: (Interjects) That you've always been afraid of - being hurt - and I sort of sense, too, it's - being hurt by people - uh - that - physical violence like a - uh - train crashing in isn't frightening with you. (gently)
- C: No - uh (reflectively)
- T: That a fight with people is upsetting? (softly)
- C: Yah! (forcefully and registering surprise) I - I think I'm - uh - afraid - uh, uh - I'm afraid of ever losing - uh I think - not so much because of - uh the physical pain - but - the idea that - I lost and uh, everybody knows it. (haltingly)
- T: The idea that someone beat you - (C: Mhm) - that you were weak or something. (very gently)

Example II:

- T: The way she wanted me and I was always terribly afraid that she wouldn't put up with me, or would put me out, out (C: Yeah) I guess I can get something else there, too, now I was always afraid that she didn't really care.
- C: I still think that though. (T: Mhm) 'Cause I don't know for sure.
- T: Mhm. And don't really know for sure whether she cares or not.
- C: (Pause) She's got so many other, uh, littler kids to think about. (T: Mhm) That's why -

Example II - Continued

T: Maybe she likes them better or -

C: No, it's not that, I think she likes us all. (T: Mhm)
(pause) I think seein' that I'm the, I'm the black
sheep but, uh, the only one that served time (T: Mhm)
and, that - 'n got in the most trouble. (T: Mhm)
Seein' that I hurt her so much, that's why I think
she's starting ta - she just don't care for me anymore.

T: You believe, maybe because I have hurt her so much,
maybe she's fed up with me, maybe she's gotten to the
point where she just doesn't care.

(Long pause)

Stage 9

Therapist unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. He expands the client's hint into a full-blown but tentative elaboration of feeling, or experience, with unerring sensitive accuracy. Both a precision in understanding and a precision in the communication of this understanding are present. Both are expressed and experienced by the therapist without hesitancy.

Example I:

- C: - uh - I've been - so afraid - uh - show just how I - how I felt - (T: Mhm) - and I - and I - I think -
- T: (Interrupting) Showing feelings is - weak or - something (gently, fading to almost inaudible)
- C: - Yeah - that's how it seems to me - (lengthy pause) - I know I - I've been in the TV room - and I - all of a sudden - had the feeling that - I was going to start crying - (almost tearfully) (T: Mhm) - and - uh - I knew then I'd have to leave and go somewhere - (T: Mhm) - where nobody was, so in case I did start crying that nobody'd see me. (bashfully)
- T: Mhm - it's just be - terrible to stand if you - if you ever did show this much feeling - (sorrowfully) - (long pause) -
- C: The thing is - that - I'm - I'm afraid of - well, I'd be so embarrassed afterwards. (ashamedly)
- T: Mhm - this would be - just - terrible - uh - a man

Example I - Continued

wouldn't cry, a grown-up wouldn't cry. (almost tearfully) - (C: Yeah) - or at least - (leaves thought suspended)

C: (Filling in for T) At least without an apparent reason (T: Mhm) - (long pause) - an' - uh - 'an - I - I don't have - an apparent reason. (emphatically)

T: - it wouldn't only be weak, but - be crazy or something. (very gentle)

C: (Chiming in) - Yeah! (very positively)

Example II:

T: - I s'pose, one of the things he was saying there was, I may seem pretty hard on the outside to other people but I do have feelings.

C: Yeah, I've got feelings. But most of 'em I don't let 'em off.

T: Mhm. Kinda hide them. (C: faintly - Yeah)

(Long pause)

C: I guess the only reason that I try to hide 'em, is, seein' that I'm small, I guess I got to be a tough guy or somethin'

T: Mhm.

C: That's the way I, think I people might think about me.

T: Mm. Little afraid to show my feelings. They might think I was weak, 'n take advantage of me or something. They might hurt me if they - knew I could be hurt.

C: I think they'd try, anyway.

T: If they really knew I had feelings, they, they really might try and hurt me.

(Long pause)

C: I guess I don't want 'em to know that I got 'em.

T: Mhm.

Example II - Continued

C: 'Cause then they couldnt' if they wanted to.

T: So I'd be safe if I, if I seem like a, as though I was real hard on the outside. If they thought I was real hard, I'd be safe.

A Schematic Presentation of A Scale for the Measurement of Accurate Empathy¹

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Level of Client Feelings Perceived and Reflected by the Therapist	Degrees of Therapist Accuracy in the Perception of Client Feelings at the Stages of the AE Scale								
	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7	Stage 8	Stage 9
Present Obvious Feelings	ignores	under- stands poorly	often accurate	usually accurate	accurate	accurate	accurate	accurate	unhesi- tating flawless accuracy
Veiled Feelings		ignores	senses but under- stands poorly	accuracy very low but trying	sensitive but some- what in- accurate tentative interpre- tation	accurate toward content but not inten- sity	accurate	accurate	
Preconscious Feelings						ignores	a precise pointing toward	Sensi- tive trial and error ex- ploration	

¹This scheme is intended to facilitate the training of raters in the use of the scale.

APPENDIX C

CARKHUFF COMMUNICATION OF HELPER RESPONSES
TO HELPEE STIMULUS EXPRESSIONS

DIRECTIONS:

The following excerpts represent 16 stimulus expressions by a helpee of feeling and content in different problem areas. In this case, the same helpee is involved in all instances.

You may conceive of this helpee not necessarily as a formal client but simply as a person who has come to you in time of need. We would like you to respond as you would if someone came to you seeking assistance in a time of distress. Write down your response after the number 1. In formulating your responses keep in mind those that the helpee can use effectively in his own life.

In summary, formulate responses to the person who has come to you for help. The following range of helpee expressions can easily come in the first contact or first few contacts; however, do not attempt to relate any one expression to a previous expression. Simply try to formulate a meaningful response to the helpee's immediate expression.

Name: _____

Date: _____

COMMUNICATION ASSESSMENTS

Excerpt 1

HELPEE: I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It seems all so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful. She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be - the particular group I was with.

RESPONSE:

Excerpt 2

HELPEE: I love my children and my husband and I like doing most household things. They get boring at times but on the whole I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But then, again, I wonder if there is more for me. Others say there has to be. I really don't know.

RESPONSE:

Excerpt 3

HELPEE: Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby - well, he is the last. I can't have any more. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He

Excerpt 3 - Continued

insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it any more. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school - breaking away from Mamma. Is it going to be a traumatic experience for him? Is it something I'm creating for him? I do worry more about my children than I think most mothers do.

RESPONSE:

Excerpt 4

HELPEE: It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not as enjoyable - for my husband either, although we don't discuss it. I used to enjoy and look forward to making love. I used to have an orgasm but I don't any more. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with me or us?

RESPONSE:

Excerpt 5

Gee, those people! Who do they think they are? I just can't stand interacting with them any more. Just a bunch of phonies. They leave me so frustrated. They make me so anxious, I get angry at myself. I don't even want to be bothered with them any more. I just wish I could be honest with them and tell them all to go to hell! But I guess I just can't do it.

RESPONSE:

Excerpt 6

HELPEE: They wave that degree up like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't care to get a degree. But the people I associate with, the first thing they ask is where did you get your degree. I answer, "I don't have a degree." Christ, they look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetrate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick.

RESPONSE:

Excerpt 7

HELPEE: I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge. I can't handle it sometimes. She just - I feel myself getting more and more angry! She won't do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is something wrong with me - I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are times she doesn't need what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy, she can be as ornery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it.

RESPONSE:

Excerpt 8

HELPEE: He is ridiculous! Everything has to be done when he wants to do it. The way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do. Not just be a housewife and take care of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid - I'm not a good wife or something stupid like that. I have an identity of my own and I'm not going to have it wrapped up in him. It makes me - it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is, anyway?

RESPONSE:

Excerpt 9

HELPEE: I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out the way that I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! I just can't wait to be with them. For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding and I just love them! It's just marvelous.

RESPONSE:

Excerpt 10

HELPEE: I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job. It's great! It's so great, I can't believe it's true - it's so great! I have a secretarial job. I can be a mother and can have a part time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great!

RESPONSE:

Excerpt 11

HELPEE: I'm so pleased with the kids. They are doing just marvelously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other and I enjoy them. Life has become so much easier. It's really a joy to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. It's just great! I can't believe it. It's marvelous.

RESPONSE:

Excerpt 12

HELPEE: I'm really excited the way things are going at home with my husband. It's just amazing. We get along great together now. Sexually, I didn't know we could be that happy. I didn't know anyone could be that happy. It's just marvelous! I'm just so pleased, I don't know what else to say.

RESPONSE:

Excerpt 13

HELPEE: I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

RESPONSE:

Excerpt 14

HELPEE: Silence. (Moving about in chair)

RESPONSE:

Excerpt 15

HELPEE: Gee, I'm so disappointed. I thought we could get along together and you could help me. We don't seem to be getting anywhere. You don't understand me. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your responses are independent of anything I have to say. I don't know where to turn. I'm just so - doggone it - I don't know what I'm going to do, but I know you can't help me. There just is no hope.

RESPONSE:

Excerpt 16

HELPEE: Who do you think you are? You call yourself a therapist! Damn, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door

Excerpt 16 - Continued

whether I have something important to say or not.
I - ah - it makes me so God damn mad!

RESPONSE:

APPENDIX D

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

Level 1

The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself.

EXAMPLES: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s).

In summary, the first person does everything but express that he is listening, understanding, or being sensitive to even the feelings of the other person in such a way as to detract significantly from the communications of the second person.

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he subtracts noticeable affect from the communications of the second person.

EXAMPLES: The first person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the second person.

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.

EXAMPLE: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

In summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as

Level 4 - Continued

to express feelings a level deeper than the second person was able to express himself.

EXAMPLE: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of on going deep self-exploration on the second person's part, to be fully with him in his deepest moments.

EXAMPLES: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.

APPENDIX E

RELATIONSHIP QUESTIONNAIRE

People feel differently about some people than they do about others. There are a number of statements below that describe a variety of ways that one person may feel about another person, or ways that one person may act toward another person. Consider each statement carefully and decide whether it is true or false when applied to your present relationship with your counsellor. If the statement seems mostly true, then circle true; if it is mostly not true, then circle false.

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|---|---|---|
| 1. He seems to hold things back, rather than tell me what he really thinks. | T | F |
| 2. He understands my words but does not know what I feel. | T | F |
| 3. He understands me. | T | F |
| 4. He understands exactly how I see things. | T | F |
| 5. He is often disappointed in me. | T | F |
| 6. He seems to like me no matter what I say to him. | T | F |
| 7. He is impatient with me. | T | F |
| 8. He may understand me but he does not know how I feel. | T | F |
| 9. Sometimes he seems interested in me while other times he does not seem to care about me. | T | F |
| 10. He often misunderstands what I am trying to say. | T | F |
| 11. He almost always seems very concerned about me. | T | F |

12.	Sometimes I feel that what he says to me is very different from the way he really feels.	T	F
13.	He is a person you can really trust.	T	F
14.	Sometimes he will argue with me just to prove he is right.	T	F
15.	Sometimes he seems to be uncomfortable with me, but we go on and pay no attention to it.	T	F
16.	Some things I say seem to upset him.	T	F
17.	He can read me like a book.	T	F
18.	He usually is not very interested in what I have to say.	T	F
19.	He feels indifferent about me.	T	F
20.	He acts too professional.	T	F
21.	I am just another student to him.	T	F
22.	I feel that I can trust him to be honest with me.	T	F
23.	He ignores some of my feelings.	T	F
24.	He likes to see me.	T	F
25.	He knows more about me than I do about myself.	T	F
26.	Sometimes he is so much "with me" in my feelings that I am not at all distracted by his presence.	T	F
27.	I can usually count on him to tell me what he really thinks or feels.	T	F
28.	He appreciates me.	T	F
29.	He sure makes me think hard about myself.	T	F
30.	I feel that he is being genuine with me.	T	F
31.	Even when I cannot say quite what I mean, he knows how I feel.	T	F

32.	He usually helps me to know how I am feeling by putting my feelings into words for me.	T	F
33.	He seems like a very cold person.	T	F
34.	He must understand me, but I often think he is wrong.	T	F
35.	I feel that he really thinks I am worthwhile.	T	F
36.	Even if I were to criticize him he would still like me.	T	F
37.	He likes me better when I agree with him.	T	F
38.	He seems to follow almost every feeling I have while I am with him.	T	F
39.	He usually uses just the right words when he tries to understand how I am feeling.	T	F
40.	If it were not for him I would probably never be forced to think about some of the things that trouble me.	T	F
41.	He pretends that he likes me more than he really does.	T	F
42.	He really listens to everything I say.	T	F
43.	Sometimes he seems to be putting up a professional front.	T	F
44.	Sometimes he is so much "with me" that with only the slightest hint he is able to accurately sense some of my deepest feelings.	T	F
45.	I feel safer with him than I do with almost any other person.	T	F
46.	His voice usually sounds very serious.	T	F
47.	I often cannot understand what he is trying to tell me.	T	F
48.	Sometimes he sort of "pulls back" and examines me.	T	F
49.	I am afraid of him.	T	F

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| 50. He seems to pressure me to talk about things that are important to me. | T | F |
| 51. Whatever he says usually fits right in with what I am feeling. | T | F |
| 52. He sometimes seems more interested in what he himself says than in what I say. | T | F |
| 53. He tells me things that he does not mean. | T | F |
| 54. He often does not seem to be genuinely himself. | T | F |
| 55. He is a very sincere person. | T | F |
| 56. With him I feel more free to really be myself than with almost anyone else I know. | T | F |
| 57. He sometimes pretends to understand me, when he really does not. | T | F |
| 58. He usually knows exactly what I mean, sometimes even before I finish saying it. | T | F |
| 59. He accepts me the way I am even though he wants me to be better. | T | F |
| 60. Whether I am talking about "good" or "bad" feelings it seems to make no real difference in the way he feels toward me. | T | F |
| 61. In many of our talks I feel that he pushes me to talk about things that are upsetting. | T | F |
| 62. He often leads me into talking about some of my deepest feelings. | T | F |
| 63. He usually makes me work hard at knowing myself. | T | F |
| 64. Sometimes I feel like going to sleep while I am talking with him. | T | F |
| 65. He is curious about what makes me act like I do, but he is not really interested in me. | T | F |
| 66. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings. | T | F |

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| 67. I sometimes feel safe enough with him to really say how I feel. | T | F |
| 68. I feel I can trust him more than anyone else I know. | T | F |
| 69. Whatever I talk about is okay with him. | T | F |
| 70. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of. | T | F |
| 71. He seems like a real person, instead of just a teacher. | T | F |
| 72. I can learn a lot about myself from talking with him. | T | F |
| 73. In spite of all he knows about me, he seems to trust my feelings about what is right and wrong for me. | T | F |
| 74. Sometimes he is upset when I see him but he tries to hide it. | T | F |
| 75. He would never knowingly hurt me. | T | F |
| 76. He is a phony. | T | F |
| 77. He is the kind of person who might lie to me if he thought it would help me. | T | F |
| 78. When he sees me he seems to be "just doing a job". | T | F |
| 79. In spite of the bad things that he knows about me, he seems to still like me. | T | F |
| 80. I sometimes get the feeling that for him the most important thing is that I should really like him. | T | F |
| 81. There is something about the way he reacts to what I tell him that makes me uncertain whether he can keep my confidences to himself. | T | F |
| 82. He gives me so much advice I sometimes think he is trying to live my life for me. | T | F |
| 83. He never knows when to stop talking about something which is not very meaningful to me. | T | F |

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| 84. | He sometimes cuts me off abruptly just when I am leading up to something very important to me. | T | F |
| 85. | He frequently acts so restless that I get the feeling he can hardly wait for the day to end. | T | F |
| 86. | There are lots of things I could tell him, but I am not sure how he would react to them, so I keep them to myself. | T | F |
| 87. | He constantly reminds me that we are friends though I have a feeling that he drags this into the conversation. | T | F |
| 88. | He sometimes tries to make a joke out of something I feel really upset about. | T | F |
| 89. | He is sometimes so rude I only accept it because he is supposed to be helping me. | T | F |
| 90. | Sometimes he seems to be playing "cat and mouse" with me. | T | F |
| 91. | He often points out what a lot of help he is giving me even though it does not feel like it to me. | T | F |
| 92. | It is hard to feel comfortable with him because he sometimes seems to be trying out some new theory on me. | T | F |
| 93. | He's got a job to do and does it. That is the only reason he does not tell me off. | T | F |
| 94. | He is always relaxed, I do not think anything could get him excited. | T | F |
| 95. | I don't think he has ever smiled. | T | F |
| 96. | He is always the same. | T | F |
| 97. | I would like to be like him. | T | F |
| 98. | He makes me feel like a guinea pig or some kind of animal. | T | F |
| 99. | He uses the same words over and over again till I'm bored. | T | F |

100.	Usually I can lie to him and he never knows the difference.	T	F
101.	He may like me, but he does not like the things I talk about.	T	F
102.	I don't think he really cares if I live or die.	T	F
103.	He doesn't like me as a person, but continues to see me as a student anyway.	T	F
104.	I think he is dumb.	T	F
105.	He never says anything that makes him sound like a real person.	T	F
106.	He is all right, but I really don't trust him.	T	F
107.	If I make mistakes or miss an interview, he really gives me trouble about it.	T	F
108.	He lets me talk about anything.	T	F
109.	He probably laughs about the things that I have said to him.	T	F
110.	I don't think he knows what is the matter with me.	T	F
111.	He sometimes looks as worried as I feel.	T	F
112.	He is really a cold fish.	T	F
113.	There are times when I don't have to speak; he knows how I feel.	T	F
114.	If I am happy or if I am sad, it makes no difference, he is always the same.	T	F
115.	He really wants to understand me, I can tell by the way he acts.	T	F
116.	He knows what it feels like to be ill.	T	F
117.	He must think he is God, the way he talks about things.	T	F
118.	He really wants to understand me, I can tell by the way he asks questions.	T	F

119.	He must think he is God, the way he treats me.	T	F
120.	He rarely makes me talk about anything that would be uncomfortable.	T	F
121.	He interrupts me whenever I am talking about something that really means a lot to me.	T	F
122.	When I am talking about things that mean a great deal to me, he acts like they don't mean a thing.	T	F
123.	I can tell by his expressions sometimes that he says things that he does not mean.	T	F
124.	He really wants me to act a certain way, and says so.	T	F
125.	There are a lot of things that I would like to talk about, but he won't let me.	T	F
126.	He really likes me and shows it.	T	F
127.	I think he could like someone, but I don't think he could love anybody.	T	F
128.	There are times when he is silent for long periods, and then says things that don't have much to do with what we have been talking about.	T	F
129.	When he is wrong he doesn't try to hide it.	T	F
130.	He acts like he knows it all.	T	F
131.	If he had his way, he wouldn't walk across the street to see me.	T	F
132.	Often he makes me feel stupid the way he uses strange or big words.	T	F
133.	He must think life is easy the way he talks about my problems.	T	F
134.	You can never tell how he feels about things.	T	F
135.	He treats me like a person.	T	F

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|------|--|---|---|
| 136. | He seems to be bored by a good deal of what I talk about. | T | F |
| 137. | He will talk to me, but otherwise he seems pretty far away from me. | T | F |
| 138. | Even though he pays attention to me, he seems to be just another person to talk with, an outsider. | T | F |
| 139. | His concern about me is very obvious. | T | F |
| 140. | I get the feeling that he is all wrapped up in what I tell him about myself. | T | F |

APPENDIX F

Recording and Interviewing Permit
Department of Counsellor Education
The University of Alberta

I, the undersigned, give my permission to my child _____
to participate in an audio recorded counselling interview
for research purposes of the Department of Counsellor
Education, at The University of Alberta.

It is my understanding that the information therein, shall
be held in strict confidence and that the Department affirms
that the recordings and information will not be used for
other purposes without my written consent. It is further
understood that the tapes will be erased within one month
after taping.

Signature (Parent or Guardian)

Date of Signature

Dr. Harvey W. Zingle
Director of Counsellor Education

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